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Dr. E. J. Fraser,
112 Kearny Street,,
San Francisco, Cal.

E. J. Fraser. M.D.
May 27. 1864.
Chicago. Ill.

See 64. Cuprum + Verat for prophylactic ē

Curability of Phthisis see 111.

CONSUMPTION:

(PHTHISIS)

ITS NATURE AND TREATMENT.

BY

JOHN EPPS, M.D. Edin.

LONDON:
SANDERSON, 77 Fleet Street, E.C.

MDCCCLIX.

PRICE SEVEN SHILLINGS.

R8E6.
1859

INTRODUCTION.

A QUARTER of a century since, the writer of this work prepared a Treatise on Pulmonary Consumption, but the result was so unsatisfactory (he was then an old systemist) that he put the work aside.

Ill health, in 1857, arising from overwork and the anxieties connected with the treatment of disease, necessitated rest.

The writer went to Yarmouth, returning to town for three days in each week to attend to urgent cases of disease.

Any one who knows the character of railway travelling from Yarmouth at times when the Express train cannot be used, will recognise the almost insupportable tediousness of the journey. The irritation caused by this tedium determined the writer to occupy himself during the journey. To read continuously while travelling on railways is bad both for the eyes and the head, and to talk was, in the state the writer then was, too exciting. What then was to be done? To *think* one is obliged, at least while awake, and therefore why not think *out a book.* This he realized in the journeys to and from Yarmouth.

The plan adopted was to take the works which were needed for reference, selecting large typed editions, and to mark thereon the points of interest; and then, when the train stopped, as most frequently it did, to write down any thoughts, and to record the

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pages containing references illustrative of these thoughts. In this way the skeleton of the work now before the reader was completed. During the winter and the spring the author added to the work and wrote it out.

In the autumn of 1858, overwork again necessitated repose, and the writer went to the seaside. He adopted the same plan, and revised the whole work while journeying.

To remove every obscurity from and to abbreviate as much as possible the work, the writer transcribed it a third time, employing as far as he could the phraseology not of technical science but of society.

He has subsequently had it copied by another, knowing that the most effective mode to discover mistakes and inefficient and inexact writing is to read one's work dressed in another's handwriting.

A physician's holiday may be regarded as not a very fit time to bring forth a book; but this is certain, that had not the book been written under the circumstances stated, it could not have been written under the interruptions connected with professional duties, which occupy the writer from eight in the morning to seven and sometimes later in the evening.

As to the value of the book itself, thus given birth to, the reader is the party to judge. The Index of the work and the Preface will give some idea how far the work has claims on the public attention.

89 Great Russell Street, *Nov.* 21, 1859.

PREFACE.

a. ONE fundamental idea pervading this work is, that PHTHISIS, more especially that connected with the presence of diseased parts, called *tubercles*, in the lung tissue, can be developed only when there exists in the individual a special unhealthy habit, a CACHEXIA (κακος, kakos, *bad;* and ἑξις, eksis, *habit*).

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And this fundamental idea is in this work developed to the extent of demonstrating, that the phthisical cachexia is not *single*, but is multiform, and that each cachexia has distinctive characters, and that these distinctive cachexiæ must be recognised and medicinally met, in order that Phthisis, thereupon resulting and therewith connected, may be treated scientifically.

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b. A second fundamental idea, one indeed which grows out of the first, is, that in order to effect a cure of the cough, the expectoration, the hectic fever, the night-sweats, the emaciation, the rapid pulse, the hurried breathing, and other symptoms, so generally present in Phthisis, the special cachexia in connexion with which all these symptoms develop themselves, must be recognised in all their particulars; and, further, that any attempt to remove these symptoms,

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except by curing the cachexiæ, will be as inefficient as is the procedure of the mere surgeon, who presumes that, in *removing the fluid* in a dropsy, he cures the disease on which the dropsical effusion depends.

Third fundamental idea, that only by the knowledge of the pure effects of medicines cure can be realized.

c. A third fundamental idea is, that it is only by the knowledge of the *effects of medicines* on HEALTHY individuals,* that the medicine corresponding to each cachexia, with which the phthisical condition is associated, can be discovered, and the cachexia cured; the cure resulting in the obedience to and in the effective carrying out of the homœopathic law,—

Cure how resulting in the application of the law, *Similia similibus curantur.*

LIKES ARE CURED BY LIKES,

Similia similibus curantur; the whole of these circumstances requiring that, for the cure of each case of Phthisis, a medicine should be given which has itself, as its pathogenesis, the power of producing an aggregate of medicinal effects similar to the symptoms of and to the states connected with each phthisical cachexia. Homœopathy,† therefore, as presenting both the necessary knowledge of medicines and the law regulating the application of that knowledge, affords the only scientific basis on which the curative, i. e. the *therapeutic* (θεραπεια, therapeia, *cure*) application of medicines for the cure of Phthisis can be built.

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* These effects are designated by Hahnemann as the *pure* effects, because obtained by experiments on persons, unmodified by disease; effects designated also as *pathogenetic* (παθος, pathos, *suffering*, and γενετικος, genetikos, *begotten*), because the knowledge of these was obtained by the sufferings, which were caused or produced in Hahnemann and his disciples, during a series of years, in experiments on themselves with medicines, in order to learn their effects. And yet this noble man and his followers, who pained themselves for the world's benefit, are designated by a vulgar herd of medical journalists and medical men as fraudulent.

† Persons find fault with the terms used by homœopathists. With ignorance and conceit (the two states attend each other), they sneeringly describe the term "homœopathy" as new fangled, whereas it is so old as to have a place in the original Bible, where it occurs twice: in ACTS, chapter xiv., verse 15, ὁμοιοπαθης, homoiopathes, translated "we are men of *like passions:*" also, in JAMES, chapter v., verse 17, "a man subject to *like passions*," ὁμοιοπαθης, homoiopathes. Perhaps, when known as thus occurring, the word will no longer be sneered at; or at least, if it be, the ignorance and the conceit of the sneerers will be manifested less obtrusively.

Scientific basis of cure.

d. A fourth fundamental idea which obtains a manifestation in these pages is, that previous to the development of a case of Phthisis, A DEBILITY of *the lung tissue* must, in addition to the cachexia, be induced by some injurious agency. It is true that the very cachexia, itself a debility, may be a source of debility; but there are conditions of debility independent thereof, these being induced by other causes, which ultimately affect both the tubercular formation itself and the parts in the lung tissue adjacent to the tubercular formation.

Fourth fundamental idea, the existence of a debility of the lung tissue.

Conditions of debility.

e. No claim to genius is made in putting forth these views :—

"Genius, in any inquiry into nature, must act a subordinate part; its duty is to arrange, not to fabricate; but the dogma is held and acted upon, that, if a man is capable of communicating anything in connexion with a subject, the capacity constitutes his right to communicate."—(*Tyrrell.*)

Duty of genius.

f. It may be, that he may exhibit his capacity in a way different from that which many will recognise, but this will not render less either the capacity or the right to communicate; since, though it is true regarding the multitude, "we think according to nature, speak according to precept, and act according to custom" (*Tyrrell*); yet a mode of thinking different from

Mode of exhibiting a capacity.

the prevalent mode may be true, and, being true, will be, yea *must* be, useful.

Further justification of the views advanced in the great mortality of Phthisis.

g. A further justification of this putting forth the views embodied in this work is found in the fact, that Phthisis still causes one-fourth of the mortality of Great Britain; and consequently an attempt, if made on rational grounds, to cure the disease, and thereby to diminish this mortality, must be a duty.

h. In the face of this great mortality from Phthisis, may not the question be put, and put rightly, "Is not the test of twenty-three centuries of barren investigation, of mere medical romance, with scarcely a ray of light to guide our steps, sufficient ground for further inquiry?"—(*Tyrrell.*) Or, "Are we to sit down in despair, bowing to the dogma so frequently proclaimed, CONSUMPTION IS INCURABLE?"

Young physicians think they can cure Consumption.

i. It is allowed that almost all young physicians think that they can cure consumption. *Thirty-one* years since, at a time when the writer commenced his active professional career, he thought this. Well does he remember how strongly the conviction gained hold of his mind, when his friend, Captain Cargill of Edinburgh (now Superintendent of the Assembly at Otago, New Zealand, and who has been for some years a stanch homœopathist—what changes a few years can make!)—brought before his notice "*A Treatise on Pulmonary Consumption, in which a new View of the Principles of its Treatment is supported by Original Observations in every Period of the Disease, by James Sanders, M. D.*, 1808." How diligently and hopefully, in obedience to this conviction, did the writer proceed, employing inhalation, and more especially inhalation

Work of Dr. Sanders.

of the vapour of an infusion of digitalis, and using milk simply, and milk in which kidney suet (a dietetic means recommended by Hippocrates *De Internis Affectionibus*) had, in conformity with ancient usage (a kind of imperfect adumbration of the cod liver oil practice), been boiled, &c.

j. Phthisis, however, was too strong. The writer realized in regard to the effective treatment of Phthisis, what Melancthon found in regard to the cure of man's moral diseases, that "Old Adam was too strong for young Melancthon."*

Melancthon's remarks.

k. Some cases of Phthisis the writer cured by *antimonium tartaricum;* but these, it is likely, were cases of *pulmonary catarrh*, and not of tubercular Phthisis; the medicine named being, when prepared according to the homœopathic formula, and given, when thus prepared, in infinitesimal quantities, useful in some forms of this disease.

Phthisis cured by antimonium tartaricum.

l. What Bayle states as his experience, very nearly represents the experience of the writer in relation to the treatment of Phthisis during the time he employed the old system means. Bayle, in his work, "*Researches on Pulmonary Phthisis*," translated by Barrow (Liverpool, 1815), writes thus:—

The experience of Bayle compared with that of the author.

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* When Melancthon had recognised the Scripture truth, so beautifully embodied by Cowper in the lines,

"Legible only by the light they give,
Stand the soul-quickening words, BELIEVE AND LIVE,"

he was so filled with gratitude and love to the Great Father of All, as to feel that all he had to do was to proclaim to his fellow-men these truths, and they would embrace them. He laboured hard in the diffusion of these truths, but with little result; he expressed his experience in the acknowledgment to LUTHER, his co-worker, that "Old Adam was too strong for young Melancthon."

Extract from Bayle.

“ Whenever I have found the lungs perfectly sound in those whom I thought phthisical, but who had died of accidental disease, I found I had erred in the diagnosis, and that I had taken for species of Phthisis peculiar cases of other affections of the chest. I have the less difficulty in confessing this mistake, from having often cured phthisical cases in the first years of my practice, though I now sincerely acknowledge that I have not cured any since I have more perfectly discovered the nature of Phthisis. I have, however, sometimes palliated the symptoms, and even suspended the progress of the disease; and I have also cured many with severe cough and puriform expectoration who were clearly in a state of hectic fever and incipient wasting (*marasmus*).”

Important practical matter is presented.

m. Whatever may be the result in regard to the cure of Phthisis in connexion with the views put forth in these pages, it is believed that therein much important practical matter is presented,—matter which will be of some service both to the profession and to the public, more especially to those of the public who are predisposed to phthisical affections : To the former, in making the way to the cure of Phthisis more clear; to the latter, in showing how the phthisical tendency can be, if not removed, kept in abeyance.

n. It may be useful to detail the incidents which led to the writing of this work.

During the Medical Session of 1856-7, the writer gave a course of sixty lectures on the *Homœopathic*

*Materia Medica.** One of the students who attended these lectures was attacked with inflammation of the lungs. When the inflammation was cured by homœo-

The writer states what led him to write the work.

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* The subjoined Syllabus is that of the lectures given: as the first course of lectures on Practical Homœopathy delivered in Great Britain, the record has somewhat of a historical character.

Dr. Epps commenced a course of sixty lectures on the Homœopathic Materia Medica, on Monday, Nov. 24, 1856. Medical men and students wishing to attend these lectures can obtain tickets of admission and particulars of S. R. Bardouleau, Esq., honorary secretary, No. 13, Rochester Road, Camden Road, London.

SYLLABUS.—Lectures 1 and 2 will embrace the pathogenesis of ACONITE. The rationale of its curative action in relation to *inflammatory fever* and *inflammations* will be unfolded, and the special powers of this medicine explained and illustrated.

Lectures 3 and 4 will embrace the pathogenesis of BELLADONNA. The rationale of its curative action in relation to *diseases of the cerebrum* and of *the skin*, in connexion with enlargement of certain *portions* of the *glandular system*, will be considered, and the special powers of this medicine will be explained and illustrated. The points of analogy and of difference between aconite and belladonna will be worked out.

Lectures 5 and 6 will embrace the pathogenesis of BRYONIA. The rationale of its curative action in connexion with diseases of the *lungs* and the *pleura* will be considered, and the special relationships and powers of this medicine will be explained and illustrated. The points of analogy and of difference between bryonia, aconite, and belladonna will be worked out.

Lectures 7, 8, and 9, will embrace the pathogenesis of PULSATILLA. In connexion with these lectures, the rationale of the curative action of pulsatilla in connexion with *gastric* and *intestinal* diseases, and also with the deviations presented in connexion with the *monthly period*, will be considered, and the special powers and relationships of this medicine will be explained and illustrated. Points of analogy and of difference between pulsatilla and the medicines previously considered will be brought forward.

Lectures 10 and 11 will embrace the pathogenesis of NUX. In connexion with this medicine, the rationale of its curative actiбn in connexion with diseases of the *gastric*, *intestinal*, and *rectal* systems will be considered, and the special relationships and powers of this medicine will be worked out. The points of analogy and of difference between this medicine and pulsatilla will be brought forward and illustrated.

Lectures 12 and 13 will embrace the pathogenesis of LYCOPODIUM. The rationale of its curative action in relation to diseases of the *urinary organs*, in connexion with the gastric and intestinal system, will be considered, and the special relationships and powers of this medicine will be fully detailed. The analogies and points of difference between lycopodium, nux, and pulsatilla will be illustrated.

pathic means, the patient's progress towards health was delayed. On this account the development of

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Lectures 14, 15, and 16, will embrace the pathogenesis of SULPHUR. This valuable medicine, and the rationale of the extensive range of action of this medicine in connexion with *psora* and its effects, will be considered.

Lectures 17, 18, 19, 20, 21, 22, 23, 24, 25, and 26, will embrace a group of medicines which have a relationship to the *urinary* and *genital organs;* this group consisting of CANTHARIS, CAUSTICUM, CANNABIS, CLEMATIS, THUYA, and TR. ACRIS. The rationale of the general action of these medicines on these systems will be given, and the special relationships of each will be detailed and illustrated.

Lectures 27, 28, 29, 30, 31, 32, 33, and 34, will comprise a group of medicines which have a special action on the *female genital system;* a group consisting of SECALE, SABINA, CROCUS, and APIS. The special characteristics of each medicine will appear in the examination of the pathogenesis of each.

Lectures 35 and 36 will embrace the consideration of SEPIA, and the relationships of this medicine to certain diseased conditions of the *uterus* and *rectum*, together with other relationships which an examination of its pathogenesis will present, will be considered and illustrated.

Lectures 37 and 38 will embrace the consideration of SPIGELIA and DIGITALIS, and the relationships which the pathogenesis of these medicines establish as existing between certain diseases of the heart and these remedies.

Lectures 39, 40, 41, 42, 43, and 44, will embrace a group of medicines, between which and the bony tissues, and the investments of the bony tissues, a curative relationship is established by their pathogenesis. This group comprises AURUM, ACIDUM NITRICUM, ASSAFŒTIDA, MEZEREON, and RUTA.

The action of homœopathic medicines in connexion with the secondary forms of Syphilis will here be noticed, and the points of analogy and of difference of each medicine of the group will be worked out.

Lectures 45, 46, 47, 48, 49, and 50, will embrace a group of medicines which have a relationship to the diseased conditions associated with the development of *abscesses* and of *ulcers*. This group consists of HEPAR SULPHURIS, SILICEA, and KALI CARBONICUM, and the peculiarities of each will be illustrated pathogenetically and clinically.

Lectures 51 and 52 will embrace the consideration of CALCAREA, and the rationale of its action in connexion with the peculiar cachectic state of the body, which causes *enlargements* and *tubercular formations* and their *development*, will be explained. The points of analogy and of difference between it and kali carbonicum will be worked out.

Lectures 53, 54, 55, 56, 57, and 58, will embrace a group of medicines that have a curative relationship in connexion with the diseased states developable in *mucous membranes* and the *glandular tissues*, connected more particularly with the digestive system. This group will comprise LACHESIS, ACIDUM PHOSPHORICUM, ACIDUM MURIATICUM, ARSENICUM, MERCURIUS, MERCURIUS CORROSIVUS.

Lectures 59 and 60 will embrace some general remarks on COCCULUS, COLOCYNTHIS, DROSERA, and other medicines.

Phthisis was inferred by the writer. To satisfy the minds of some influential members of the patient's family, the opinion of Dr. Elliotson was sought by them in reference to the correctness of the opinion held by the writer. Dr. Elliotson declared the case to be one of marked Phthisis, and that nothing could be done, except to take COD LIVER OIL, to go into the country, and to let the patient have what he liked, i. e. *to go to his execution.* The patient remained under the writer's care, and is now (January 1859) alive and comparatively well, although no cod liver oil has been administered, and none but homœopathic medicines have been used, and these only in infinitesimal doses.

Dr. Elliotson's opinion on a case of Phthisis.

o. Disgusted by the indiscriminate, the empirical administration of cod liver oil (for not a week passes without the writer seeing some unfortunate, who, by the waste of time in taking this oil, has lost the best chances of cure, by passing the period when the Phthisis was most certainly curable), the writer was determined to try, if, by substituting for this cod liver oil delusion a scientific treatment, he might be able to hasten the end of that which keeps itself alive only by advertisements in every daily, weekly, and monthly journal, this advertising developing a trade which causes, in one year, a quantity of oil to be presented to the public greater than all the cod fish taken from the ocean can supply. To the supporters of this empirical employment of the oil, the remarks of Dr. Sanders, in reference to the unscientific character of the treatment of Phthisis, practised in his day, apply:

Writer's observation on cod liver oil.

Remarks of Dr. Sanders on the treatment of Phthisis.

"Here, in Phthisis, every one has some favourite remedy, which he prescribes without regard to age, sex, peculiarity of constitution, or period of the disease."—(*Preface*, p. vi., lib. cit.)

p. Having thus determined, the writer looked at his note books, and turned to the works in his library.

Tyrrell's work on Consumption.

q. In the latter, he found a work entitled "CONSUMPTION, *why so fatal? What are the Means by which it can be* PREVENTED *in those predisposed to it*, and its progress ARRESTED in those attacked with it? By JOHN TYRRELL." *

This work was now (August 1857) read, and the writer's estimation of it will be seen by the numerous quotations therefrom in the following pages.

Dr. Bayle's work on Pulmonary Phthisis.

r. Another work, to which reference is often made, is the volume of Dr. Bayle, entitled "RESEARCHES ON PULMONARY PHTHISIS."

This work demands attention, originating, as it did, in an experience gained by the history and the examination after death of 900 individuals who had died of Phthisis.

s. To Dr. Sanders's work, after a neglect by the writer extending to nearly thirty years, attention was given, and many quotations in this work therefrom have been, the writer believes, beneficially made.

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* On the titlepage of this book was written: "Paid for the book 4s., July 10, 1835." What a sadness does this express! This John Tyrrell was, no doubt, some man of talent, but impoverished, who sought bread by disposing of his book. The following letter has been received from Mr Renshaw, the publisher of the work, the writer having applied to him for any information he could afford of John Tyrrell.—"356, Strand, July 14, 1858. Dear Sir,—I regret that I can recollect nothing about John Tyrrell beyond the fact, that he was introduced to me by Dr. Spillan, who had known him a long time. I am also pretty sure he told me Mr. Tyrrell was not in the medical profession, but was a veterinary surgeon. Yours faithfully, HENRY RENSHAW."

Works of Laennec, of Louis, and of others.

t. The labours of Laennec and of Louis, in connexion with this disease, will be found recognised in the following pages.

u. Some reference will be made to the laborious work of Dr. Walshe, entitled "*A Practical Treatise on the Lungs, Heart, and Aorta, including the Principles of Physical Diagnosis*, 1854."

Dr. Walshe's book noticed.

This work, full of the most varied and the most exact information in reference to the *physical* signs of these diseases, is, in regard to the *cure* of the diseases described, meagre,—a circumstance which, when viewed in connexion with the powerful cerebral organization and the untiring industry of Dr. Walshe, admits of explanation only by the fact, that, as yet, Dr. Walshe has not applied his mind to the investigation of the homœopathic law and of the homœopathic pathogenesy: a direction of mind much to be desired, for Dr. Walshe will, if *studying* them, be sure to become a convert: that is, if he has not foolishly committed himself against homœopathy by any unwise expression of opinion; which, if so, to preserve his consistency, he must uphold.*

w. It will be found that, in remarking on the works of men of talent and research, referred to in the following pages, the writer exercises his liberty to detect errors; he recognising the truth taught by Johnson: "If there is any writer, whose genius can embellish impropriety, can make error venerable, his works are the proper subjects of critical inquisition."

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* A work, entitled "*On Consumption: its Nature, Symptoms, and Treatment, by R. P. Cotton, M.D.*, 2d Edition, 1858," came under the writer's notice after he had twice written this work. The work is creditable to Dr. Cotton: although containing little new, it presents many useful facts and some reasoning above the average. Some extracts have been embodied during the third transcript of the present volume, chiefly because the views put forth may be regarded as expressive of the opinions of a considerable number of the old system medical profession, Dr. Cotton's work having been originally presented to the world as an Essay, to which was awarded the Fothergillian Gold Medal by the Medical Society of London.

Reference will be made to a work on Consumption by Dr. Gardner, which presents some novel views.

Truth taught by Dr. Johnson.

The spirit which should influence criticism.

x. The spirit in which such inquisition is to be made is thus detailed by Sanders:

"I have occasionally used freedom with great and venerable names, but never with any intention to diminish their lustre: if, indeed, assisted and guided by the light they afford, I have sometimes discerned their imperfections, I would no more presume to blame them, than to blame the glorious sun, because, by his rays, I was enabled to discern the spots on his disk."—(Lib. cit.)

Dr. Brown's Philosophy of the Human Mind.

To gain for practical use this high state of mind, it is essential to have realized what is thus described by one who has afforded to the writer, and to multitudes beside, some of his and their highest intellectual enjoyment. The writer refers to the work of Dr. Thomas Brown on the "*Philosophy of the Human Mind.*"* In that work he thus writes:

"There is a philosophic spirit which is far more valuable than any limited acquirements of philosophy; and the cultivation of which, therefore, is the most precious advantage that can be derived from the lessons and studies of many academic years,—a spirit which is quick to pursue whatever is within the reach of human intellect, but which is not less quick to

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* To the honour of the phrenologists, it is to be stated, that they were the first who brought Dr. Thomas Brown's work into extensive circulation.

Quotation therefrom.

discern the bounds that limit every human inquiry, and which therefore, in seeking much, seeks only what man may learn:—which knows how to distinguish what is just in itself from what is merely accredited by illustrious names, adopting a truth which no one has sanctioned, and rejecting an error of which all approve, with the same calmness as if no judgment were opposed to its own; but which, at the same time, alive, with congenial feeling, to every intellectual excellence, and candid to the weakness from which no excellence is wholly privileged, can dissent and confute without triumph, as it admires without envy; applauding gladly whatever is worthy of applause in a rival system, and venerating the very genius which it demonstrates to have erred."

Concluding matter.

y. In conclusion: The quotations made by a writer from other writers generally express the writer's own experience. It might be more foodful to one's vanity to put down one's own experience in one's own words; still there is a virtuous because a self-denying gratification in making use of the observations of others. It is a kind of fealty offered to the beneficial activity of the minds of those who have gone before; a dutiful testimony to the fact, that one owes some of his mental wealth to labourers who have ceased to labour,—a corroborative recognition of the truth, that all accurate and honest observers agree on points which are recognisable, and which have been recognised,—a grateful acknowledgment of the value of recorded experience, and more especially of the arts of writing and printing, which enable us in this, the

Motives for quoting.

nineteenth century, to communicate with Hippocrates, with Galen, and with others:

> " To sit and hold converse with the mighty dead,
> Sages of ancient times, as gods revered,
> As gods beneficent, that blessed mankind
> With arts and arms, and humanized the world."

Add to these motives, that derived from the fact, that views put forth, when sanctioned by both ancient and modern experience, are likely to take a deeper hold on the public mind; and thus, when the views are true, the public will, when these views are thus recommended, more readily recognise them, and gain the benefit from their reception.

The plan of this work is the following:—

First, To present a knowledge of the structure and of the uses of the lungs, the organ affected in Phthisis.

Second, A history of Phthisis, and of the pathological phenomena the phthisical state presents.

Third, The history and the explanation of the symptoms connected with the various stages in the course of the phthisical disease.

Fourth, On the cachectic state connected with Phthisis.

Fifth, On the state of weakness connected with the development of Phthisis, and the conditions tending to develop this weakness.

Sixth, On the prevalent ideas respecting the incurability of Phthisis.

Seventh, On the means curative of Phthisis afforded through the pathogenesis of homœopathic medicines.

Eighth, On the correspondence between the several phthisical cachexiæ and the various medicinal cachexiæ.

Ninth, On the auxiliary means favouring the prevention and the cure of Phthisis.

Tenth, Cases of cure illustrative of the views promulgated.

The reader is requested in perusing this work (it being presumed that his object in reading it is to gain an understanding of the subjects treated of) to proceed regularly through the successive chapters: to make himself master of the views in the one chapter before proceeding to the next chapter; and in so doing he will gain a thorough knowledge of the whole matter.

To aid as much as possible in the understanding of the views put forth, the whole of the work is paragraphed, and where in the course of any paragraph any number or letter is introduced in brackets, such letter or number refers to the paragraph in which the matter under consideration was first referred to, and by turning to such paragraph, if such reference be deemed necessary, a more clear insight into the subject may be obtained. Where the same number occurs several times with letters following, such as 72, 72*a*, 72*b*, 72*c*, such recurrence indicates that the several paragraphs have a relation to each other. It would be well also to refer to the index if any obscurity prevails in connexion with any particular point; and the perusal of the subject in full, as indicated by the index, will, it is likely, cause the obscurity to disappear.

CHAPTER I.

ON THE STRUCTURE, THE FUNCTIONS, AND THE USES OF THE LUNGS.

1. To ascertain phenomena is the first duty of every inquirer into nature. Cicero, in his work concerning Duties (*De Officiis*), a work that, by its wonderful clearness of statement on moral truths, tends to establish the view, held by the Friends, of the passage, "a light that lighteth every man that cometh into the world," rightly states:—

Every inquiry concerning any matter, to be rationally undertaken, must be preceded by a definition, so that it may be understood what that is concerning which the investigation is:—"Omnis enim, quæ a ratione suscipitur, de aliqua re institutio, debet a definitione proficisci, ut intelligatur, quid sit id, de quo disputetur."

2. Hence any inquiry into the nature of Phthisis, the lung being the organ affected in this disease, requires to be preceded by a narration of the phenomena presented by the lung in its natural or healthy condition, viewed both as to its *structure*, *i. e.*, its

ANATOMY, and as to its *functions* and *uses*, such constituting its PHYSIOLOGY; an acquaintance with these phenomena preparing the way for the recognition of the changes which are induced in the diseased, the phthisical state: a knowledge of a machine in its sound state being essential to the effective recognition of the conditions of the machine when in an unsound state.

3. WHAT IS A LUNG?

4. The lung is the chief organ of those organs, which constitute the *breathing* apparatuses; these being the nose, the windpipe (this consisting of the larynx and the trachea), the bronchi, the bronchial tubes, and the air-vesicles.

5. "As there is a high road from the entrance, formed by the lips, through the fauces and the gullet to the organs of the abdomen, so there is a high road from the two entrances of the nostrils through the trachea into the lungs, which fill to a great extent the chamber of the chest."—(*Regnum Animale.*)

5 *a.* "The nostrils open the way and allow the lungs the possibility of breathing, for they are the first doors or gates through which the breathings of this living world are carried to and fro."—(*Regnum Animale.*)

5 *b.* "They temper with a gentle warmth the air which is entering, and impregnate with a dewy vapour the air which is departing, and cleanse and purify it from floating particles of dust and noxious exhalations."—(*Regnum Animale.*)

5 *c.* "To effect this warming of the air, the interior of the nostrils is much divided into cavities, through which the air has to pass; and it is known that, if the very coldest air be passed through even a short

tube that has been previously warmed, it instantly comes out warm at the other end; and the more will this warming of the air take place in the various passages of the nostrils, where warmth is imparted by all the arteries, the membranes, and the constantly vibrating thin bones, which are spread out through the interior nostrils."—(*Regnum Animale.*)

6. "The LARYNX, composed principally of gristles or cartilages, is the thick upper part of the head of the trachea, forming the protuberance called Adam's Apple, at the upper and front part of the neck. The larynx contains an opening called the *glottis*, leading to the lungs. One of the cartilages of the larynx, called the *epiglottis* (επι, epi, upon), covers, in the act of swallowing, the glottis, in the manner of a moveable bridge, and prevents anything falling into the glottis."—(*Heister*, *Winslow*, *Morgagni.*)

7. "The membrane which lines the larynx is very sensitive, and is perforated with a great number of openings or little mouths (oscula), which discharge a lubricating fluid in minute drops. This membrane is a mucous membrane."—(*Heister*, *Winslow*, *Morgagni.*)

8. The larynx is the mouth of the lungs.

9. The *windpipe* or trachea is a continuation of the cartilaginous tube extending from the fauces to the lungs, the larynx forming the upper part. It enters the chest under the breast-bone, and there, before it joins the lungs, divides into two branches, a right and a left, termed BRONCHI.

9 *a.* "The windpipe is formed of sixteen or twenty cartilaginous rings, the rings not being, as regarding their cartilaginous structure, perfect, being membranous and muscular at their *hind* part; this contriv-

ance being to prevent any impediment to swallowing, the gullet lying behind the windpipe. The windpipe has numerous openings on its internal coat, which allow the passage of a mucus formed in the glandular parts of this tube, this mucus being to defend the inner surface of the trachea from the acrimony of the air breathed."—(*Regnum Animale.*)

9 *b*. The cartilaginous rings are connected together by elastic ligaments, so as to admit of adaptation of the windpipe to the various changes in its position.

10. "The windpipe affords a channel for the air and for the breath of the lungs to pass and to repass, accommodating itself to all the numerous and diversified modes of action of the lungs, both in inspiration and in expiration. The windpipe examines and corrects the air about to pass into the lungs, and prevents, unless under special circumstances, anything hurtful from entering; impregnates with vapour the air that is passing out, and thus entangles effete exhalations, and prevents the contiguous parts being injured thereby: it clears, by expectoration, the lungs from viscid phlegm."—(*Regnum Animale.*)

11. The bronchi, subdivided into fine twigs, called BRONCHIAL TUBES, are distributed through the lungs in all directions, ending at last in pulmonary bladders or VESICLES.

12. The larynx, the windpipe, the bronchi, the bronchial tubes, are lined on the inside by a very fine membrane, which continually pours out a mucilaginous fluid; and in the substance of the membrane are a great number of small blood-vessels. It is the mucous membrane referred to (7.)

12 *a*. This mucous skin or membrane, when unfolded, is, according to the observations of Hales and

Keill, many times more extensive than is the surface of the body.

13. When the bronchi lose their cartilaginous character, which happens as they subdivide, the air-tubes become fine, like small hairs, hence called CAPILLARY (*capillus*, a hair), and are *membranous* in their structure. In the first part of their dividings, "the bronchial tubes are composed of imperfect rings, but, in their progress of cartilaginous rings, variously united, and of contractile membranes."—(*Heister*.)

14. Each one of these minute capillary tubes is widened at the extremity, and is thereby formed into a small membranous cell, commonly called a *vesicle*. (11.)

15. "These vesicles or cells, forming the chief part of the lung substance, leave between them interstices, which communicate with each other, and, collected together in bundles, seem to adhere to the little bronchial branches, in the manner of *clusters of grapes*, each small bronchial branch producing, in connexion with itself, a bundle. These small vesicular bundles are called LOBULES."—(*Heister*.)

16. The lobules appear to be parted by another CELLULAR SUBSTANCE, surrounding each lobule in the whole extent, and filling up all the interstices between them.

17. All the bronchial cells are *surrounded* by a fine NETWORK TISSUE, consisting of the small extremities of the lung arteries and veins, which communicate in every way with each other. This network, discovered first by the anatomist Malpighi, is called the WONDERFUL NET (*rete mirabile*) of Malpighi.

17 *a*. This network texture is formed of the capillary extremities of these blood-vessels.

18. These blood-vessels are of two kinds; the one, common to the whole lungs, called the PULMONARY *artery*, and the PULMONARY *veins:* the other, proper to the bronchial tubes, called the BRONCHIAL *arteries* and *veins.*

19. The pulmonary *artery* goes out from the right cavity (ventricle) of the heart, and divides into two side-branches: one going to the right, called the right pulmonary artery; the other to the left, called the left pulmonary artery: these carrying the blood *from* the heart *to* the lungs.

19 *a.* These two vessels are dispersed through the whole substance of the lungs, by branchings, very like to the branchings of the bronchial tubes, and lying in the same direction.—(*Winslow.*)

20. The pulmonary *veins*, spreading by innumerable branches through the lungs in the same manner as the pulmonary artery, terminate, on each side, in two great branches, which open sideways into the muscular bag of the left auricle of the heart (the heart consisting of four cavities or bags, a right auricle and a right ventricle, a left auricle and a left ventricle): by these veins the blood is carried *from* the lungs *to* the heart.

21. The branchings of these two kinds of vessels in the lungs are surrounded everywhere in their course by the cellular substance already described. (16.)

22. The cellular tissue is dispersed through every part of the lungs, forming cellular or spongy sheaths, which surround, as already described, the branchings of the bronchia and of the blood-vessels, being afterwards spread over the outer surface of each lung, where it forms a kind of fine covering, which is joined to the general covering of the lung.

23. This cellular substance, the padding of the lungs, is designated technically as the *parenchyma* of the lungs.

24. The general covering of the lungs consists of a beautiful transparent tissue, which, besides covering the lungs, covers also the interior of the ribs, being called, where covering the ribs and the interstices between them, the *rib* or *costal* PLEURA ; where covering the *lungs*, the *lung* or *pulmonal* pleura.

25. In addition to these parts helping to form the lungs, numerous nerves are supplied to the lungs, being distributed through them by filaments, which accompany the branchings of the bronchia and the blood-vessels, and are spread on the cells, the coats, and all the membranous parts of the lungs.

25 *a*. These come from a plexus or network of nerves formed in the chest ; this network being formed by the parvagum and the intercostal nerves.—(*Heister.*)

In the fact of these nerves coming from the parvagum, is seen the connexion which the lungs have with the brain, and affords an explanation how, in lung-diseases, the brain becomes affected.

26. The lungs are supplied with vessels, that absorb the old materials of the lungs, and which carry lymph. These, called the *lymphatic* vessels, proceed to the thoracic duct, found in the interior of the body.

27. From the description thus given, it appears, that, in the lungs, are present the following parts :—

27 *a*. First, the *air-tree*, consisting of a trunk (the larynx and the trachea) ; of branchings (the bronchi) ; of twigs (the bronchial tubes) ; of leaves (the air-cells and vesicles) ; all these tubes being destined for carrying air into the lungs, and being lined for protection by a mucus secreted by a mucous membrane.

27 *b.* Second, two *blood-trees* for nourishing the lungs, consisting of the bronchial blood-vessels, which attend the bronchia in all their branchings.

27 *c.* Third, two more *blood-trees*, the lung arteries and the lung veins; the lung arteries carrying the blood *to* the air-cells, the lung veins *from* the air-cells to the heart: the blood, impure as carried to the lung by the lung arteries, being purified by the action in the lungs of the air thereon, through the web of Malpighi, this web admitting the contact of the air with the blood without admitting (wondrous is the provision) into the air-tubes any escape of the blood.

27 *d.* Fourth, the *cellular* tissue, which binds all the various parts of the lungs into one whole.

27 *e.* Fifth, a *lymph-tree*, consisting of the lymphatics to take up the waste parts of the lung tissue.

27 *f.* Sixth, a *nerve-tree*, consisting of nerves, supplying to the lungs sensation and nervous power.

27 *g.* Added to these parts are *muscular* fibres, found on the inner surface of the bronchial tubes.

28. The lungs, as composed of all these parts aggregated together, are massed into two great *lobes*, a right and a left lobe: the left lobe, the smaller, is divided into two lobes; the right lobe, the larger, is divided into three lobes; each again being subdivided into innumerable little lobes. (15.)

29. The office imposed on the lung by its nature, as connected with its structure, consists (Reader, excuse repetition) in admitting the air, contiguous to the body, through the larynx, the trachea, the bronchi, and the bronchial tubes, into the vesicles of the lung lobules, and driving the air back again through the same line of passages: this introduction and this expulsion of the air having reference to the changes

necessary to be effected in the blood in order to preserve the health and the life of the human being.

30. Malpighi thus describes the circulation of the blood in a frog :—

" The blood, driven by the heart's impulse, rains down in the manner of a vapour or effluvium, into the minutest parts, running through the arteries into all the cells by one or another of the considerable branches that pass through them or end therein ; and thus divided and subdivided, it puts off its red colour, and, following a sinuous and circuitous route, is scattered on all sides, until it reaches the walls and the angles of the cells, and the absorbent branches of the veins."

31. The lung may therefore be regarded as a *web*, woven out of air-tubes, arterial tubes (pulmonary and bronchial), of vein-tubes (pulmonary and bronchial), of lymphatic tubes, of nervous fibres, of cellular tissue, and of mucous membrane.

31 *a*. This web unfolded would present a very large surface. Blumenbach, in his Physiology, states, that the *capacity* of the lungs of an adult during a strong inspiration, is about 120 cubic inches (p. 111, *edition by Elliotson.*)

32. The relation of the action of breathing to the heart's action is exhibited in the fact, stated by Coleman in his work on *Natural and Suspended Respiration*, p. 10, that in man there is " *one* respiration to *four* pulsations. Some animals have six ; the horse, in ordinary breathing, has only two."

33. Science teaches the general truth, that there is always a balance between the end to be gained and the instruments appointed by the Creator for gaining that end.

34. The inference, in connexion with the action of the lungs, as having relation to the influence of the air in purifying the blood, is, that there is no *surplus* lung-web; that is, that there is a balance between the blood to be exposed to the air and the lung-web, through which, when the lung is expanded in breathing, the air acts on the blood.

35. To realize all the actions in connexion with the lungs necessary to health, it is essential that all parts of the lung-web should be in a natural state; that the bronchial tubes throughout their whole extent must be free, so as to allow the free passage of the air; the mucous web, lining the air-tubes, must not be overloaded with mucus; the cellular tissue must have no consolidation or obliteration of its cells; the blood must have free passage throughout the blood-tissue of the lungs, both from the lungs to the heart and from the heart to the lungs; the fine network, through which the blood is acted upon by the air, must be in a state fit to allow of this action.

36. It not unfrequently happens, that a quantity of blood larger than is natural may occupy the lung at a given moment: in such case a temporary *congestion* of the lungs is said to be produced.

37. Mere congestion of the lung is not necessarily a disease; indeed, such a state is often an effect, compatible with the most perfect health.

38. Simple temporary congestion or over-fulness of the vessels of the lungs is readily produced in man, and other animals, by quick running, particularly if the individual is not used to such exercise.

39. On the cessation of the action of running, the power of the vascular tissue quickly restores the equilibrium.

40. Though such restoration of the equilibrium takes place after such congestions have been induced in the healthy lung, still it is not advisable for any one to cause these congestions, especially if at all liable to conditions which may cause a belief that his tendencies are towards lung disease. At the same time, it is to be remembered, that by a properly regulated course of exercises, the capability of bearing this temporary surcharge of blood on the lungs becomes greatly augmented.

41. The PURIFICATION of the blood may be regarded as the chief use of the lungs.

42. A use, hardly second to this chief use, resulting from the action of the lungs in connexion with the breathing, is the production of ANIMAL HEAT.

43. Society is indebted to Dr. Crawford for the discovery of this function of the lungs.

44. Harvey, the discoverer of the circulation, seems to have almost recognised the truth. He remarks: "Hence also appears the chiefhood of the blood, that the *pulse owes its origin to it.* Nor is the blood to be called only the first begotten and pre-eminent, because the pulse and the motion chiefly arise from it, but also, because, in it, first animal heat is born, the vital spirit is generated, *and life itself consists.**

45. From the experiments of Dr. Crawford it appears that, when the blood returns from all parts of the body to the lungs, it has lost a quantity of its latent heat, and has imbibed some noxious quality:

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* Hinc quoque apparet sanguinis *principalitas, quod* PULSUS *ex eo ortum ducat.* Ne sanguis solum pars primogenia et principalis dicendus est, quod ab eo motus pulsusque principium orietur, sed etiam quid in eo primum calor animalis innascitur, SPIRITUS VITALIS ingeneratur, et anima ipsa consistit.—HARV. *Excer.* 51.

it appears further, that in the lungs it meets with atmospheric air containing oxygen, which oxygen, combining with the carbon (this latter, namely carbon, constituting in chief the impurity of the blood) produces carbonic acid,* which is rejected, and the blood regains its pureness; and it appears further, that the quantity of heat generated appears to depend on the quantity of oxygen inspired.

46. It is found that, in every act of breathing, for every volume of oxygen absorbed from the air, an equal volume of carbonic acid is given out.

47. Lavoisier recognised the fact, that the oxygen consumed in breathing is *greater than that required to produce the carbonic acid formed.* Dr. Priestley had observed the same fact: the rest of the oxygen he conceived was absorbed by the blood.—(*Experiments on Air*, vol. iii. p. 379.)

48. It is found that, in the passage of the venous or dark blood through the lungs, the globules of the blood change their colour from a dark to a red, and the redness of these globules is proved to depend on a compound consisting of iron and oxygen; for globules of blood, darkened by carbonic acid, become florid by exposure to oxygen, with disengagement of carbonic acid.

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* Dr. Black made this discovery by breathing either through lime water or the solution of a caustic alkali, when he found that the lime was precipitated in the form of chalk, a carbonate of lime, *i. e.* a compound of carbonic acid and of lime; and, in the other case, the acrid alkali was rendered mild, being deprived of its causticity by conversion into a carbonate. These effects he attributed to fixed air emitted from the lungs: he consequently conceived that the change produced by expiration upon wholesome air, consists principally in the conversion of part of it into fixed air. It appears that he made these discoveries in the year 1757, and it may be inferred, that they were about the same time publicly announced in his Lectures.—BLACK'S *Lectures*. Published by Robinson, vol. ii. p. 87.

49. It is found, further, that the red globules of arterial blood retain their colour in the large blood-vessels, and lose their colour only during their passage through the smaller vessels, the capillaries.

50. The globules of blood contain a compound of *iron*, and it is as such they have connected with them, and the changes they pass through, the production of animal heat.

51. This compound of iron is an oxidized compound; the proof of this consisting in the fact that, by means of diluted mineral acids, *peroxide* of iron can be extracted from the fresh or even the dried colouring matter of the blood.

52. The degree of oxidation is the *peroxide;* that is, one atom of iron to two atoms of oxygen: the iron is, so to speak, saturated with the oxygen.

53. It is found that the salts of peroxide of iron readily give out oxygen, and become reduced to the *pro*toxide; *i. e.*, a compound of iron, consisting of one atom of iron and one of oxygen.

54. The globules of the arterial blood become changed, in the course of the circulation of the blood, from a state of peroxide to a state of protoxide; there going on, in the animal economy, an oxidation both in the lungs and in the capillaries of the body (13.) In the former, it supplies the loss of heat from exposure and evaporation. In the latter, it heats the rest of the body.

55. In this manner the animal heat of the body is kept up; in other words, in this way does the circulation of the blood minister to the production of animal heat, constituting a second important result from the circulation of the blood; a modification of which heat is produced in a marked degree in the

course of the phthisical cachexia; hence the necessity of this statement.

56. In connexion with this production of animal heat, the following facts have both interest and practical bearing:—

57. Dr. Blagden's experiments, recorded in the *Philosophical Transactions*, vol. vi., prove, that man has the power, in connexion with the heat of his body, of resisting an exposure to an atmosphere heated fifty to sixty degrees above the *boiling* point of water, this exposure producing an increase of only three to four degrees of the natural temperature of the human body. This fact is explained thus: Man, in breathing, exhales much watery fluid, in the form of *vapour*, the caloric, taken up in forming the liquid water into the more expanded form, vapour, necessarily removing much of the heat received externally; and further, the air that is inbreathed by the person exposed to this great heat is expanded by the heat before it is inbreathed, and from this cause, viz., the expanded form of the same, the bulk of hot air cannot contain a quantity of oxygen equal to that which is contained in a similar bulk of cold air, and hence the generation of heat is lessened, the supply of oxygen being lessened.

58. On the other hand, it is found that the human body, although surrounded by an atmosphere fifty degrees *lower* than the temperature of itself, has the power of generating heat with cold air, which, from its being cold, that is, less expanded, contains more oxygen in a given bulk than that which is contained in a similar bulk of air which has been expanded by heat.

59. It is found, further, that those animals whose

respiratory organs are small in proportion to the size of their bodies, consume but a small quantity of oxygen, and the temperature of their blood varies with that of the medium in which they live; while, on the contrary, those animals whose lungs, proportioned to the size of their bodies, are largest, and consume the greatest quantity of oxygen, have generally, when in health, a uniform temperature.

59 *a.* An additional fact, bearing on this subject, is this:—In diseases, especially in fever, the patient undergoes great and rapid changes of temperature; these changes being, in a great measure, connected with the conditions of the blood, as associated with the condition of the lungs, and also, as connected with the modifications induced by the disease in connexion with the blood circulating in the capillaries, and also in connexion with the modifications of the nervous system, modifications pointed out first with definitiveness by Dr. Harrison, and illustrated in his writings by most striking examples.

59 *b.* These facts have been referred to, as they have a bearing on some of the phenomena of Phthisis.

CHAPTER II.

A HISTORY OF PHTHISIS, AND OF THE PATHOLOGICAL PHENOMENA THE PHTHISICAL DISEASE PRESENTS.

60. HIPPOCRATES, called the father of medicine, observes:—

"Young people are subject to a spitting of blood, consumptions, acute fevers, but particularly to lung affections."—(*Coac.* iii. 260; *Aphorism* xxiv. sect. 3.) Aphorism ix. sect. 5.

"Those who cough up frothy blood bring it up from the lungs."

"If the matter is not evacuated in fourteen days, it will end in abscess."—(*Coac.* iii. 216; *Aphorism* xiii. sect. 5.) *Loc. in Hom.* xxv. 10.

"The abscess or imposthume by a pleurisy, if the matter, after bursting, be evacuated upwards within forty days, will be cured; if not, it will end in consumption."—(*Morb.* 10; *Aphorism* xv. sect. 5.)

61. Hippocrates adds:—

"In hectic fever the heart is pained, the cough is violent, and there is a discharge of thin mucus; the disease produces great emaciation; there is an unquenchable thirst throughout; great debility exists throughout; the patient dies generally within a year even with every attention."—(*De Internis Affectionibus.*)

62. Hippocrates in these testimonies exhibits the fact, that the lot of the Grecian men and women of his time was very similar to that which is now the lot of the men and the women of the British isles.

63. Hippocrates adds:—

"I praise that physician who knows how to distinguish himself above all others by his skill in improving the ordinary modes in curing those acute diseases which make the greatest havoc among mankind."—(*De Ratione Vic. in Acut.*)

64. How much, it may be added, will this praise be due to him who opens the way to the cure of Phthisis. Well did Cicero remark:—

"Men in no point approach nearer to the gods than in giving health to their fellow-men:"—"Homines ad deos in nulla re proprius accedunt quam salutem hominibus dando."

65. Celsus, born about 400 years after Hippocrates, was the most celebrated physician of his day. He practised at Rome.

66. The following remarks, made by him, exhibit correct ideas regarding Phthisis:—

"There is one species of consumption in which the body is not nourished, and as something is always passing from the body, but nothing entering to supply the place, extreme emaciation arises, and unless it is removed, it carries off the sufferer. The Greeks call this disease *Atrophy* (α, a, *not;* τρεφω, trepho, *to turn*). It generally occurs from two causes; for either a person from excessive fear takes less food than he ought, or, from excessive appetite, more than is proper, so that what is deficient causes weakness, or that which is redundant is corrupted.

"There is another kind, called by the Greeks *Cachexia* (*a*), produced by a bad habit of body, which corrupts all sorts of nourishment, the termination of a long illness which does not admit of a return of strength.

"There is a third kind; the Greeks have called it *Phthisis*. It arises generally in the head (catarrhal), thence falls down into the lungs; ulceration follows; from this slight fever takes place, which abates and returns; there is a frequent cough; pus is expectorated, and sometimes something bloody."—(*Celsus de re Medica*, lib. xxii.)

67. GALEN, who lived 200 years later than Celsus, practised as a physician at Rome. He states:—

"In pulmonary consumption, if a vessel bursts, unless it unites without inflammation, the disease is incurable, and the operation for cleansing the lungs is injurious."

He adds:—

"Before the appearance of the spitting of blood, remedies sometimes effect a cure."—(*Basil*, 1562.)

68. The elder PLINY mentions cures of cases of consumption in the last stage.

68 *a*. The eccentric PARACELSUS considered consumption to originate in a want of moisture.

69. Almost all writers, both ancient and modern, agree with GIDEON HARVEY, who, in his "*Anatomy of Consumption*," states that the disease begins between the ages of eighteen and thirty-five.

70. The fact that the disease so begins, may be of use in helping to discover its nature, inasmuch as at

these periods of life there must be special states of the body which favour the development of phthisical disease; and which states being recognised, may lead to the discovery of means which may be useful, because effective, in warding off the malady.

71. Bayle maintains, that, in Phthisis, both lungs are almost always affected.

71 *a.* The *characters* of this disease, thus referred to by the earlier authors, may be more minutely noted.

72. Phthisis (Pulmonary Phthisis) is one distinct kind and *genus* of disease.

73. Its characters, as a disease, are twofold.

73 *a.* It has an *essential* character, and an *artificial* character.

73 *b.* Bayle thus gives its essential character:—

"Every injury of the lungs, which left to itself produces a progressive disorganisation of the lungs, and, in the end, ulceration and death."—(*Bayle*, lib. cit., p. 2.)

73 *c.* The artificial, the *pathognomonic* (*παθος*, pathos, *a disease*, and *γνωμη*, gnome, *proof*) character, *i. e.*, derived from the *symptoms* presented by the patient, exhibits itself in cough, difficulty of breathing, marasmus, hectic fever, and sometimes purulent expectoration."—(*Bayle*, lib. cit., p. v.)

74. These two characters are related; since, as Bayle states:—

"The cough, the wasting, the hectic fever, and the purulent expectoration, are the effects of the disorganisation of the lungs."

75. Pinel (*Nosographie Philosophique*, edit. 3, vol. iii. p. 588) characterizes Phthisis as consisting of cough, difficulty of breathing, wasting, hectic fever, and sometimes purulent expectoration.

76. Bayle attaches much importance to the recognition of the superiority of the *essential* character of Phthisis, *i. e.*, that consisting of the *changes of structure* produced by disease (the *pathological*, παθος, pathos, *suffering*, and λογος, logos, *a discourse*, *conditions*) over the artificial or *symptomological*, *i. e.*, that consisting of the symptoms indicative of these changes of structure.

77. The grounds on which he builds this superiority are the following:—

The essential character is, he maintains, always present, whereas the artificial, *i. e.*, that composed of symptoms, is not always, or, at least in regard to the same, the following facts tend to throw a doubt on the symptomological character of Phthisis.

77 *a.* Fact first. Persons have died of Phthisis without having shown any manifest signs of its presence.

77 *b.* Fact second. Persons have died of Phthisis who have had hectic fever, emaciation, but no cough or expectoration, and yet numberless tubercles and large ulcers have been found in the lungs.

77 *c.* Fact third. Persons have died of Phthisis, the lungs presenting tubercles and large ulcers, and yet the patients appeared to die of exhaustion, produced alone by excessive diarrhœa.

77 *d.* Fact fourth. Persons have died with the lungs deeply injured, who felt only wandering pains and nervous affections.

77 *e.* Fact fifth. Many phthisical persons have died and never spat pus in any marked degree. In the preface to Dr. Bayle's work, lib. cit., p. x., Dr. Barrow relates a case in which the lungs were full of suppurating tubercles, and yet the patient during the whole of his illness did not expectorate any pus.

78. These facts are important; but Bayle makes them to have an importance which is not quite correct, since it is certain that there cannot be disease of *structure* without manifestations thereof by special *phenomena*, which are not in accordance with the phenomena of health, *i. e.*, SYMPTOMS MUST *be present where* DISEASED STATES *exist:* all that is required is the *minute* observation of phenomena by minds well fitted thereto by a knowledge of the minutenesses of medicinal pathogeneses; hence the superior practical skill of homœopathists, their minds having, by the study of medicinal pathogeneses, been thus trained; and no hesitation need be experienced in asserting that, in all the cases referred to in the facts recorded by Bayle, the accurate pathogenetically instructed observer would have detected symptoms indicative of the lung disease.

79. These facts testify to the truth, that Phthisis presents itself under a variety of aspects, which it is necessary to notice in connexion with cases of Phthisis.

80. Bayle states, that, of the nine hundred cases of Phthisis he examined after death, six hundred and twenty-four presented substances formed of a like (homogeneous) matter, always opaque, of a white or dirty white colour, at one time yellowish, at another grayish, these substances varying in size from a millet seed to a walnut.

81. Such substances, *tubercles*, are, when of the size of millet seeds, called *miliary* tubercles.

82. One hundred and eighty-three of the cases remaining after the subtraction of the six hundred and twenty-four, presented little grains like millet seeds, or like beans, hard, resisting, interiorly semi-transparent, of a shining white colour, having in the centre a small

opaque point, black or white, enclosed in a transparent and firm envelope: these cases Bayle designates as cases of *granular* Phthisis.

83. Seventy-two other cases presented *ulcers* in the lungs of various sizes, as black as coal and very hard, sometimes a few lines thick, sometimes many inches. These cases, from the blackness (μελας, melas, *black*) of the ulcerous contents, he defines as Phthisis with *melanosis*.

84. The remaining twenty-one of the cases recorded by Bayle presented other characters not embraced in these divisions. A few are recorded as *cancerous** Phthisis.

85. TUBERCULAR PHTHISIS, as stated, presented six hundred and twenty-four cases out of the nine hundred, and thus tubercular Phthisis is that which is to be examined.

86. Tubercles present themselves in three states.

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* The writer was consulted by a lady, whose case had been deemed hopeless by her medical attendant and by a metropolitan physician accoucheur. She had scirrhus and cancer of the womb. Her pains these gentlemen had tried to subdue by opiates, but in vain. The profuse hæmorrhagic discharges they attempted to restrain by injections and outward applications, and by wine and tonics, but in vain. The patient getting worse and worse, sought homœopathic aid. Under homœopathic treatment she gained sleep, her pains were subdued, and the hæmorrhages and the offensive discharges from the womb were lessened; moreover, the scirrhous formations were much lessened.

From want of care (she went to the country, and lived in an old dilapidated house full of draughts and in a bleak situation) pulmonary disease developed itself, and she died from neglect of this pulmonary malady. On examining the lungs there appeared hardened cartilaginous portions scattered throughout the pulmonary tissue. The uterine disease had almost disappeared, and, from the state the womb presented, it seems logical to infer that, had not the pulmonary disease developed itself, the womb disease would have been cured. A question suggested itself at the time to the mind of the writer, Did these granular structures on the lungs indicate any transfer of diseased action from the womb to the lungs? Would cancerous Phthisis, adopting Bayle's nomenclature, have developed itself had the lady lived?

86 *a.* At first, their texture is very firm.

86 *b.* Subsequently they grow soft in the centre, a part of their substance being transformed into a clotted purulent matter; this change being designated *softening* of the tubercle.

86 *c.* The third state is that in which the substance of the tubercle is destroyed by *suppuration:* the parts become ulcers.

87. In addition to these conditions, some tubercles are contained in *bags* or *cysts:* these are called *encysted* tubercles.

88. Some tubercles have not this investment: such are said to be *unencysted.*

89. When the third stage in the degeneracy of the tubercle takes place, the cyst enclosing the tubercle has become the seat of an ulcer; the ulcer itself, occurring whether in an encysted or an unencysted tubercle, being almost always covered with a distinct membrane, which secretes pus.

90. The progressive degeneracy of the tubercle may be illustrated by the conditions occurring in glandular tissues.

90 *a.* " Obstruction often takes place in the glands of scrofulous individuals. Enlargement is then presented. Those glands which have enlarged slowly, are transformed either wholly or partially into tuberculous matter. Those which have enlarged suddenly, do not show any indication of tubercular degeneracy."—(*Bayle*, lib. cit. 70.)

90 *b.* " If tubercular glands suppurate, the process is very long. ALL THE TUBERCULAR MATTER MUST BE EXPELLED, in order that that part of the gland which was swollen may insensibly return to its natural state."—(*Bayle*, lib. cit. 70.) (This fact has an im-

portant bearing on the changes which must take place in the tubercles of the lungs; showing that expectoration may be regarded to be essential to cure.)

90 *c.* " The cure of the ulceration, subsequent to the suppuration, is also very slow.—(*Bayle*, lib. cit.)

90 *d.* " When an ulcer forms in glands which do not contain a tubercular kernel, the exit of the pus is generally easy, and the cure is not slow."—(*Bayle*, lib. cit.)

91. These facts will serve to explain some of the changes which take place in the degeneration and the cure of the tubercles in the lungs: will show what is to be expected in reference to the course which tubercles pass through in their degeneration: will give ground for the pleasing belief, that, if cures of diseased tubercular glands take place in some parts of the body, the peculiar tissue constituting pulmonary tubercles need not to be excluded from the category of cures.

92. The tubercles are found in the *cellular* tissue, the parenchyma (23.) of the lungs.

93. This parenchyma, when associated with tubercles, passes through the following changes:—

" The cellular substance round about the ulcer is more or less altered; erewhile hardened, at another with but little consistency: when the ulcerations are very small, the pulmonary tissue is sometimes almost sound round the membrane which secretes the purulent matter.—(*Bayle*, lib. cit. p. 22.)

" The compression of the pulmonary tissue by the progressive development of the tubercles causes the tissue to be reduced to a very small size: indeed, the tissue in many cases seems almost to have disappeared."—(*Bayle*, lib. cit. p. 23.)

93 *a.* In addition to these changes, there is formed

in this cellular tissue the ALBUMINOUS MEMBRANIFORM BED or stratum which covers the ulceration.

93 *b*. " When there are many ulcerations, they communicate with one another, and form in the lungs many rugged cavities, sometimes very extensive."—(*Bayle*, lib. cit. p. 21.)

94. " Two kinds of openings are observable in these cavities: some, which lead to the branchings of the bronchia, are round; others, which preserve the communications of the tubercles with one another, are irregular."—(*Bayle*, lib. cit.)

95. " The membrane surrounding the tubercles appears sometimes continuous with the mucous membrane of the bronchia; it is, however, essentially different and distinct."—(*Bayle.*)

96. It is a matter of wonder how it happens that the blood-vessels of the lungs do not become eaten through by these changes in structure of the lung tissue. Bayle explains it thus:—

" Ordinarily the membrane covering the ulceration is continued into all the parts, which communicate together, and furnishes a *sheath* for the large insulated vessels of the lungs, which are often observed in the excavations of the ulcer."—(*Bayle*, lib. cit. p. 22.)

97. Such is the preservative power with which the Creator has endowed the human system.

98. The production of all these changes must be attended, as already intimated, with certain deviations from the regularity of the manifestations of the life-power in the individual in whom they take place; in other words, must be exhibited by symptoms, which it will be necessary and useful to examine.

CHAPTER III.

HISTORY AND EXPLANATION OF THE SYMPTOMS CONNECTED WITH THE VARIOUS STAGES IN THE COURSE OF THE PHTHISICAL DISEASE.

SECTION I.—*Symptoms connected with the Premonitory Stage.*

99. Tubercular* Phthisis, as associated with the changes in the structure of the tubercles, and with diseased conditions of the lungs therewith conjoined, presents three chief stages, together with a premonitory stage.

100. Numerous and varied are the symptoms of the premonitory stage.

It is a fact well known, that *bleeding from the nose* is a common attendant upon or precursor of Phthisis.

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* Description of a tubercle by Dr. Carswell:—Tuberculous matter is a pale yellow or yellowish gray, opaque, unorganized substance; the form, the consistence, and the composition of which vary with the nature of the part in which it is formed, and the period at which it is examined. It may be viewed as an unorganized secretion, or as a cheesy-looking material, without any trace of organization.

Dr. Sanders remarks, "In certain persons at an early period of life, but more remarkably about the age of puberty, occur tension and pain of chest more or less severe, with titillation of the fauces, and slight, short, dry cough, readily excited by hot drink, especially if it contain ardent spirits; to which are frequently added drowsiness and a sense of weight in the head; occasionally headache is the only symptom which distresses them. All these symptoms are often relieved by a spontaneous bleeding of the nose or a spitting of blood."—(*Sanders*, lib. cit., p. 2.)

101. Bayle considers both this nose bleeding and also the spitting of blood (hæmoptysis; and αιμα, aima, *blood*, and πτυω, ptuo, *to spit*) to be the effects of the development of the tubercular affection of the lungs. Except thus generally, he does not seek to explain the facts.

102. In connexion with this nose bleeding, the following views seem to have a practical bearing:—

103. The nose (5.) is to be regarded as the beginning of the lung apparatus, just as the mouth is the beginning of the digestive apparatus.

103 *a*. The nose is one organ of respiration, for animals breathe not through the mouth, but through the nostrils; and "God breathed into his nostrils the breath of life."—(*Genesis.*)

103 *b*. The nose, too, has its cough; *sneezing* is the name the writer affixes to this action.

103 *c*. The nose thus viewed is a part of the breathing apparatus, and hence the reason appears why, if there is such a state of the lung tissue as is associated with blood discharge, it is not unlikely that this tendency existing also in the blood tissue of the nose, the discharge of the blood from the nose

becomes premonitory, and indicative of the diseased changes in the lungs.

104. What an admirable contrivance is it that the discharge of blood should thus be exhibited in connexion with the nose, since here the blood escapes exteriorly; whereas, if taking place in the tissue of the lungs, a suffocation, an asphyxia of the lungs, would be caused. This nose bleeding gives a notice, which, if homœopathically attended to, would prevent in the majority of cases any further development of the lung disease. It is nature giving warning, and the wise physician listens to the notice; but only he who is homœopathically well informed in the pathogenetic effects of remedies can listen effectually.

The frequency of the occurrence of spitting of blood (hæmoptysis), with the development of Phthisis, is exhibited in the fact that the acute observer of disease, Dr. Cullen, in his classification and description of diseases, places Phthisis as a *sequel* of hæmoptysis, he not considering Phthisis itself as a primary disease; a genus. In this arrangement Cullen was inaccurate.

Dr. Young, in his Treatise on Consumption, puts the relationship between these two diseased states more accurately.

"Hæmoptysis," remarks this writer, "is usually enumerated among the exciting and even among the more remote causes of consumption; but, in a healthy constitution, hæmoptysis is not materially formidable; and it is conjectured that, when it appears to produce consumption, it has itself been occasioned by an incipient obstruction of a different kind."—Page 45.

Desault, in his work, *Sur les Maladies Vener.*, *la Rage et la Phthisie*, 12mo., Bord., puts the matter forcibly when he remarks:—

"We may call it a hæmoptysis from consumption, rather than a consumption from hæmoptysis."

105. The speciality of Phthisis induces peculiarities in reference to all the systems constituting a lung.

106. Anatomy teaches that every lung artery is attended by a bronchial tube; the irritation conveyed to the bronchial tube from the diseased lung cellular substance connected with the tubercle, is communicated to the lung artery, all these diseased conditions affecting the lung *nervous* system; and these influences acting together will explain how cough, fever, a rapid pulse, and the peculiar irritableness present in Phthisis, occur even before any expectoration takes place.

107. No one acquainted with Phthisis could fail to have observed the fact that there is a special irritability, or rather a susceptibility, connected with this disease, which manifests itself long before the disease is fully developed in a *liability* to take *cold.*

108. It seems to be a peculiar fever that creates this susceptibility, not unlike, though arising from a different cause, to that susceptibility to cold produced in those who flush after taking any stimulus at meals; a feverishness, causing them to be susceptible to impressions from a draught of air, which, in a state not feverish, they would not have experienced.

109. This special irritability affects the nervous MENTAL system. What is more remarkable, even in the premonitory stage of Phthisis, than the oscillations in the mental state between hope and fear; and also before the disease has actively developed itself, how constantly do the great extremes in the moral state of the patients arrest the attention of those who reside with them.

110. This variation is exhibited also in relation to the *bodily* state. The patient in whom Phthisis is in the state of incubation, is at one time very weak, at other times has an unusual amount of bodily energy; although, on the whole, there is a regular diminution of bodily power.

110 *a.* This applies to the appetite also. One day the patient has a good appetite, another day no appetite at all; on the whole, the appetite is generally fanciful.

110 *b.* The countenance shows great variation. Sometimes it is dull, and at another period of the day, particularly towards evening, it is lighted up with a beauteous vivacity of expression. The features seem to have a special sharpness.

111. The *pulse* exhibits considerable changes in this the premonitory stage.

112. The patient exhibits great variations in regard to *sleep.* From being a sound sleeper, almost difficult to awake in the morning, when the Phthisis is in the state of incubation, the patient becomes wakeful; or if he sleeps soundly till five in the morning, he cannot sleep after that time, a condition evidently connected with a special state of the nervous system, induced by the diseased action going on in the lungs, this being developed at that time in the morning by the physical conditions, associated with the conditions of the lungs, produced when the individual is asleep.

113. It is well known to those acquainted with disease, that at different ages different organs of the body become affected. In children the abdominal organs are particularly liable to have unusual actions induced in them, and hence in children the incubation of Phthisis is oftentimes indicated by the enlarge-

ment of the belly, the thinning of the legs, although these may arise independent of any affection of the lungs.

114. Another state often exhibited among the premonitory symptoms of Phthisis is an occasional shortness of breath, sometimes associated with *sighing*, these being dependent on temporary congestions, which, affecting the tissue in which the diseased action is going on, cause the difficulty of breathing; and hence this attempt, by the effort of sighing, to relieve this condition.

115. Some other premonitory symptoms will be detailed when noticing the pathogenetic (*c*) effects of the medicines to be used for the cure of Phthisis.

116. These premonitory symptoms are considered to indicate the state of incubation of Phthisis, or as it is sometimes called, *occult* Phthisis.

SECTION II.—*The Symptoms connected with the* FIRST *Stage, and their Explanation.*

117. The stage of Phthisis usually denominated the first stage, is considered to be identified with the following diseased conditions of the pulmonary tissue. Gray granulations, appearing in groups or crude tubercles, present themselves in different parts of the lung tissue at times, but not always, surrounded with induration of the lung tissue (93.) A certain number of these tubercles have grown soft in the centre.

118. The indications of this stage are presented in the following symptoms:—

I. The emaciation progressive.

II. A dry cough:

II. *a.* Sometimes attended with pain:

II. *b.* Followed, after a time, with mucous expectoration, opaque white threads or lumps, like rice much boiled, being dispersed through the matter expectorated.

III. Sometimes streaks of blood appear in the expectoration.

IV. In the evening a slight fever, followed by perspiration;

And, in the young,

V. The cheeks are frequently red.

VI. The palms of the hands are burning hot.

VII. Oppressed breathing.

VIII. Pains about the chest, not unfrequently between the shoulders.

IX. Uneasiness, mental and bodily.

X. An increased pulse.

118 *a.* Other symptoms present themselves, but these others are associated with conditions which depend on disease in other organs of the body, and are called forth by the irritation of the disease in the lungs; these symptoms will be noted in the course of the work. Bayle remarks, in regard to this disease generally:—

"The only indications ofttimes are simply a mechanical oppression, which becomes attended with a dry cough more or less frequent, and these often constitute the sum total of phenomena even in an advanced stage of the degeneracy of the tubercle."

119. In regard to the emaciation, its production is easily explained. The life power summons all its energies to the recovery of the lung—to the removal of the diseased conditions. It seems to appropriate

from each tissue some of the life-power allotted to such tissue; the disease in this way consumes every one of the tissues, or at least the fatty portion of these tissues, and these being consumed, and not allowed to be reformed, the life-power being otherwise active, loss of substance must of necessity result; hence the progressive emaciation manifest in this disease, and hence also, as the lung disease progresses often in a regular ratio, the regular progressiveness of the emaciation. Has this appropriation of the adipose tissue anything to do with the beneficial effect of the cod-liver oil in the few cases where it is beneficial?

120. The second symptom is the dry cough. The explanation of this dry cough (and it is quite special, quite different from the dry cough which so often attends laryngeal disease) is to be found in the facts already explained as to the changes in the lung tissue (86-88. 117.), and, more particularly, in connexion with the fact that the tubercle dwells in the *cellular tissue* of the lungs surrounding the bronchial tubes, and not in the bronchial tubes themselves.

120 *a.* The irritation connected with the tubercular disease is communicated to the bronchial tubes and the nervous tissue therewith connected, and of this irritation the cough is the manifestation; but the cough is dry.

121. This dryness of the cough, in the early stage of the degeneration of the tubercle, presents a noticeable fact which accords with another fact present in *pleurisy.* In this latter disease the cough is dry; a circumstance dependent on the locality affected by the disease, namely the skin, called the pleura (24.), covering the lungs and the ribs; a skin having no

direct communication with the mucous membrane of the bronchial tubes of the lungs; but this pleural skin, when inflamed, communicates its irritation to the lungs, and indicative of that communicated irritation is the cough; just as the dry cough in Phthisis is an indication of the irritation produced in the lung tissue by the changing tubercle being communicated to the bronchial tubes.

122. As the irritation arising from tubercular disease augments, the irritation affecting the bronchial tubes is also augmented, the mucous membrane (9 *a.* 12 *a.*) of these tubes increases its secretions, and expectoration manifests itself; a result explanatory of the symptom No. 2 *b.*

123. The third symptom is the appearance of *streaks of blood* in the expectoration.

123 *a.* These streaks of blood may come from a special state developed in the vessels of the mucous membrane of the bronchial tubes, similar to that state induced in the vessels of the mucous membrane of the nose, which produces bleeding from the nose.

123 *b.* Or these streaks may come from some wounded or ulcerated vessel.

123 *c.* Or these streaks may come from the tubercle itself having established a communication with the bronchial tubes; for the tubercles, both encysted and unencysted (87.), are permeated by capillary blood-vessels, and these capillary vessels may discharge blood which is mixed with the mucus, and it comes, as might be expected (the vessels being hair-like in form), in streaks.

124. When the blood is connected with the condition last noticed, its appearance is unfavourable.

125. A query here is suggested, Why should spit-

ting of blood in large quantities be present in some cases, while in other cases of Phthisis streaks only are presented?

126. Is it that, in the cases where profuse discharge of blood takes place, a special cachexia may exist? This cachexia, so far as the writer's experience has extended, seems to be one in which there is an *eruptive* condition of the system; the scorbutic eruptive state seems to be the one most commonly associated with this cachectic condition. The writer has known leprous eruptive crusts bleed at the time when the monthly discharge ought to have appeared, but did not appear.

126 *a.* "Expectoration of blood in persons labouring under chronic bronchitis, with or without emphysema (puffy swollenness), but without notable disease of the heart, justifies in itself a suspicion of the existence of latent tubercle," is a statement of Dr. Walshe in his Report on Phthisis as observed at the Brompton Hospital (*British and Foreign Medico-Chirurgical Review, Jan.* 4, 1849.)

127. In regard to the fourth symptom, the *slight evening fever*, followed *by perspiration*, an explanation is obtained in the fact, that all changes of structure, being results of disease, are attended with fever, and if the tendency be to the formation of pus, with perspiration.

128. In regard to the fifth and the sixth symptoms, *the redness of the cheeks* and the *burning heat of the palms* of the hands, they illustrate the fever connected with diseased formation.

129. The symptoms seventh and eighth, namely, the *oppressed breathing*, and the *pains about the chest* and the *shoulders*, may be illustrated more fully.

129 *a.* During the act of inspiration the blood comes readiest into the lungs.

129 *b.* "In the act of inspiration, the innermost spiracles or breathing holes, the lung vesicles, open *first;* afterwards the bronchia, beginning at the roots of these spiracles; then the trachea and the glottis; lastly, the nostrils all the way to the wings of the nose, these being dilated by their muscles; thus the air is admitted, invited, attracted, and flows in as in a bellows at work according to the given opening, the height of the incumbent column, and the force of the gravity dependent thereupon."—(*Regnum Animale.*)

129 *c.* The act of expiration assists the passage of the blood from the lungs to the left side of the heart, and prevents to an important extent the admission of an additional quantity of blood into the lungs.

129 *d.* A fact known to most is, that any continued effort at expiration, whilst the air is kept confined in the chest, produces a *redness*, and, if the attempt at expiration is protracted, a *blackness* of the face; results originating in this, that, in the first place the blood, in the second the dark venous blood, is prevented entering the lungs, and is consequently dispersed and retained in other tissues longer and in a quantity greater than is consistent with the regular or normal state of these tissues.

129 *e.* "Magendie introduced a tube into the neck vein (jugular) of an animal, and made it penetrate as far as the heart; the blood was seen to flow by the tube only in the moment of expiration. In inspiration, on the contrary, the air was drawn forcibly towards the heart."—(*Barry's Experiments on Atmospheric Pressure.*)

"Also, in the slaughtering of animals, the blood gushes out like a fountain at every expiration; the last effort to assist the hold of life, the last sigh, is an expiration."—(*Tyrrel.*)

129 *f.* The effects of certain actions of the body illustrate the relations established between the circulation and the breathing.

129 *f a.* "All are aware that in every attempt to run, by a person not used to the action of running, the extremities do not give way first. The lungs, from a want of sufficient breathing action, are incapable of getting rid of the extra quantity of blood sent to and kept in them; a temporary congestion of the blood in the lungs ensues; the natural equilibrium between the air and the blood in the lungs is disturbed, and not only the lungs themselves, but the muscles immediately concerned in the act of breathing, are alike unable, for similar reasons, to send the blood from the lungs."—(*Tyrrel.*)

129 *f b.* "Further, no exertion of strength, no violent effort in the raising, or the throwing, or the carrying of weights, &c. (seen in the actions of the pavier), is accomplished without shutting down the valve (the epiglottis, 6.) at the top of the windpipe, which closure must be attended with the exertion of a powerful pressure by the confined air on the blood in the lungs."—(*Tyrrel.*)

129 *f c.* How common is it for people, while running, to exclaim, "I cannot run further; I must stop; I shall drop if I go a step further." The lungs will not allow any longer the continued congestion; the vascular tissue will not admit of the distention produced by the holding of the breath; indeed, if the action is persisted in, the vascular tissue is ruptured, and blood is expectorated.

129 *f d.* "If a fat, unexercised horse is galloped to what, in sporting phrase, is termed 'a stand-still,' five minutes or more of perfect quiet must elapse before the oppressive breathing and congestion thus established are reduced; whereas if the horse's two neck veins (jugular) are opened the recovery is instantaneous, the equilibrium being thus at once restored, the quantity of blood going to the lungs being diminished, and the volume of air being increased."—(*Tyrrel.*)

130. These congestional conditions are not void of danger to persons in health unused to the actions causing them.

131. Taking into consideration the facts already recorded in connexion with the lung tissue, and with the diseased states of the tissue of the lungs connected with tubercles, the occurrence of pains and difficulty of breathing in connexion with the first stage of Phthisis can be easily understood.

131 *a.* The tubercle is a foreign body, *i. e.*, not natural to the lungs: it occupies portions of the lung tissue not intended for such occupancy, and thus causes a congestion; and this, as a congestion associated with disease, is dangerous.

131 *b.* The cellular tissue around the tubercle is thickened and congested, thus causing a pressure on the lung vesicles, and thus rendering a portion of the lung tissue unfit for its uses,—uses essential to health. In connexion herewith Dr. Alison mentions an observation of Magendie, that in those cases where he detected tubercles of the smallest size in young children, and apparently in their earliest stages, the tubercles were *surrounded* by a CIRCUMSCRIBED VASCULARITY; a condition impedimental to the free action

of the air on the blood of the lungs, and productive of pain, by producing a modification of the nerves of the part.

132. The respiratory power of the phthisical individual must by these tubercles and the changes induced in the surrounding cellular tissue of the lung be diminished; hence in Phthisis the symptom *oppressed breathing*.

133. The injury resulting from the presence of unusual bodies, causing an occupancy of space in parts not destined for such occupancy, but destined to be occupied by organs of a natural size, is evidenced in the facts that an enlarged liver, an enlarged spleen, or an enlarged ovary, will cause not unfrequently an effusion of fluid into the cavity of the belly; will cause dropsy.

133 *a*. A similar law, as to injury to an organ from occupancy of space by bodies not naturally belonging to that organ, must act in regard to the tubercle and its action in connexion with the lung.

133 *b*. Still as a liver may be affected morbidly to a certain extent, so a spleen, so an ovary, without producing any very definite effects, so a tubercle may exist in the lung tissue without producing effects sufficiently marked as to awake attention. Still they must produce some modifications of the action of the healthy life-power, and are, as having produced these modifications, always liable to permit the awakening of agencies which may render these lung congestions dangerous to life. Hence the necessity of attention to any change in the health of persons prone to Phthisis.

134. Wherever a tubercle is, there is more or less congestion of lung, and there is more or less difficulty

of breathing; and if the congested tissue be inflamed there is more or less pain, the pain presenting itself where the congestion is, it may be at the chest, it may be at the shoulders.

135. Indeed, every one who understands the relationship of an instrument to the results to be obtained from that instrument, in other words, the relationship between *structure* and *use*, will recognise the truth of the statement of Dr. Walshe :—

" The existence of disease involves that of anatomical change, not only in the part originally and chiefly affected, but also in the structures immediately adjoining."—(*Walshe*, lib. cit., p. 1.)

136. Congestion occurring in the lungs of individuals having tubercles, must cause a liability to the production of diseased manifestations; hence, in persons so affected, any violent exertion, any sudden and violent effort at coughing, will often cause a tearing of the coat of a blood-vessel, and a consequent spitting of blood; or it may be that any sudden change of temperature, such as that which takes place at day-dawn, may cause, as very frequently happens, a dangerous spasmodic condition, attended with a waking up suddenly, with excessive difficulty of breathing amounting almost to suffocation. (How commonly do spasmodic croup and Millar's asthma develop themselves at day-dawn.)

137. The tenth symptom of the first stage of Phthisis is *an increased pulse.*

138. Remembering the fact, that from whatever cause the receptacle for air in the lungs is diminished, the area of each respiratory action is diminished, and by consequence the breathing power and the blood-changing power are lessened, it follows that in order

in such a case to establish the equilibrium between the air surface and the blood-to-air-exposure surface, there must be an increase of the number of inspirations to effect the required change in the blood. Thus, supposing the lung web, through the sides of which the air acts on the blood, effecting its change from a dark colour to a red colour, from a state impure to a state pure, from a state unfit for life to a state fit for life, amounts (for the sake of illustration), say to four yards square, and that the loss of lung blood-changing surface, a loss caused by the diseased tubercles and the surrounding diseased tissue, amounts to one square yard, it is certain, that as the quantity of blood to be changed does not diminish in a ratio with the diminution of lung tissue to which it has to be exposed, that the blood, in order to have the requisite change effected in it, must be brought *more frequently* to the web; to effect this the heart is obliged to work harder, endeavouring to make up, in the frequent transmission of the blood through the lungs, the want caused by the diminution of the quantity of available lung tissue. Herein is one source of the increased rapidity of the pulse; to which another is to be added, the fever excitement produced by and connected with the diseased changes going on in the lung tissue.

139. To conclude this section with a statement of Bayle :—

"When tubercles are forming in the lungs, but have not advanced to suppuration, such formation is attended with *a slight cough*, with occasional *difficulty of breathing*, with a feeling of *slight pain* in some parts of the chest, and the *pulse is somewhat* accelerated: these conditions are sometimes so slightly marked that they are often not noticed by the patients themselves."—(*Bayle*, lib. cit., p. 70.)

SECTION III.—*The Symptoms connected with the Second Stage of Phthisis, and their Explanation.*

140. The stage of Phthisis usually denominated the second stage, is connected with the changes in the state of the tubercle, in which the tubercle is completely *softened.*

141. The symptoms, as might be inferred, are for the most part those of the first stage aggravated.

142. Thus the *emaciation* (symptom No. I.) augments; the *cough* (symptom No. II.) is both dry and attended with expectoration (symptom No. II. *b.*), which expectoration is increased. The *cough* (symptom No. II. *a.*) increases in severity.

143. The *fever* (symptom No. IV.) assumes a marked hectic character, and the night sweats are much developed; the *pains* about the shoulders (symptom No. VIII.) increase in severity; the *uneasiness* (symptom No. IX.) augments and manifests itself (symptom No. XI.) in sleeplessness.

144. The *pulse* (symptom No. X.) increases in frequency and force.

145. *Constipation* (symptom No. XII.) now presents itself, which, as the stage advances, is followed by (symptom No. XIII.) *diarrhœa.*

146. The *urine* shows oftentimes in connexion with the hectic fever the *brick-dust sediment* (symptom (No. XIV.)

147. These phenomena show that the general sys-

tem is beginning to be more and more injuriously affected; that the life-power summons from all parts of the bodily system every aid to the diseased lungs; concentrates all its energies to the salvation of the lung tissue, and thereby deprives, in these blind efforts, the other organs of the bodily system of that healthy amount of life-power necessary to carry on efficiently their functions: thus, in attempting to cure, ensuring destruction; since, if the other parts of the system are deprived of their requisite amount of life-power, the actions of those parts must be different from what they should be; the products of their actions, thus modified, must be more or less contrary to their natural character, and thus these products not being fitted for life's actions, fresh sources of weakness are developed in the system in addition to those connected with the lung disease itself. In fact, nature in these actions does destructively in all her doings.

148. The expectoration and the night sweats exhibit other blind efforts of nature to relieve the system.

148 *a*. The expectoration is the effort in relation to the removal of the irritation produced in the lungs. Nature recognises the existence of a state contrary to the natural state; and, like as the mucous membrane of the bowels pours out mucus and other secretions to get rid of the irritations induced either by undigested and irritating bodies passing through the intestinal tube or by disease, so the mucous membrane of the bronchial tubes secretes an increasing quantity of fluid secretion, in order to relieve the irritation induced in the pulmonary tissue by the softening tubercles and the changes in the pulmonary tissue thereupon attendant.

148 *b*. The night sweats, exhibitive of the effects of the lung disease on the general constitution, are simply a result of the efforts of nature to relieve the irritation induced by the disease in the *lungs* by producing an action on the *skin*. Indeed, the fact is well known that night sweats, associated with or preceded by chills, are almost always attendant on the formation of pus or suppuration in any important internal organ.

148 *c*. The profuse sweats of the phthisical, besides being connected with the formation of pus, are dependent upon the excessive production of animal heat; nature labouring to remove this excessive heat by the production of sweat; nature's effort, though relieving (for the cough, which is severe at night, is relieved towards the morning, when the sweats generally break out), is destructive, like most of her unguided efforts.

149. "When tubercles inflame and suppurate, cough and expectoration are almost always present;" and Laennec further remarks, "We rarely ever meet with a case of Phthisis which arrives at a fatal termination, without exhibiting, after its nature has become clear, an abundant catarrhal expectoration.

150. The expectoration becomes a matter of considerable importance in the investigation and in the treatment of Phthisis.

150 *a*. In the earlier stages of the disease, as soon as expectoration shows itself, the matter expectorated is generally *frothy* and white.

150 *b*. Sometimes the matter expectorated is *stringy* and white.

150 *c*. Sometimes it is more like that expectorated from taking a cold, a catarrhal expectoration.

This is a favourable form of expectoration. The writer has observed the appearance of such an expectoration after the sufferer from Phthisis has, during the course of his disease, expectorated *blood*. Whether this improvement in the expectoration result from the condition, causing the blood expectoration, producing a temporary lull of the disorder, and thus changing the sputa, or whether the blood lost acts in producing the improvement, it may be difficult to decide, but of the fact of the improvement (temporary unless homœopathically treated), there is no doubt. As a proof of this, any pain previously present in the chest is often relieved after the expectoration of blood.

150 *d*. The difference between catarrhal and purulent discharge is well exhibited in the difference between catarrhal and purulent inflammation of the eye.

150 *e*. Any one who has examined the expectoration of phthisical patients in the advanced stages of the disease must have noticed that the expectoration has a twofold character. There is the purulent expectoration from the ulcers in the lungs, or from the ulcerated mucous membrane, and there is the mucous expectoration from the lining membrane of the bronchial tubes and their ramifications: in other words, the irritation connected with the tubercular disease causes an irritation in and an expectoration from the mucous membrane of the air passages.

151. The purulent expectoration is, as might be inferred, that which presents the most serious aspect; still it does not indicate that extent and that fatal character of the disease associated with it by many.

152. In the last stages of Phthisis, traces of pus are frequently but not always found in the expectoration.

The matter expectorated in the greater number of cases of Phthisis is nothing but the secretion of the mucous membrane of the air passages.

153. The expectoration has a smell oftentimes quite cadaverous, though this offensiveness of expectoration attends more frequently the purulent discharge in cases of pneumonia which have passed into the state of gangrene; cases which the writer has known to be cured by homœopathic treatment.

154. The view may be here again repeated, that lung catarrh has not unfrequently been confounded with tubercular Phthisis.

154 *a.* This lung catarrh seems in some of its worst forms to be a *dysentery* of the lungs. In such cases there is a violent urging to cough, like as in the dysentery of the bowels there is a violent urging to expel the contents of the bronchial tubes: the expectoration the most frequent in these cases is that of transparent mucus attended with blood streaks or blood clots, conditions very similar to that of the mucus discharged from the bowels in dysentery. Mercurius corrosivus is to be looked to in these cases of lung dysentery, being valuable therein like as it is in dysentery of the bowels.

155. In reference to symptom (No. XII.) *the constipation*, the following remarks, extracted from the writer's work on Constipation, have an explanatory character:—

" Constipation is the absence of action in a given way; and this absence of action is caused by a special constitutional diseased state, which suspends the harmonizing actions of the various parts of the human frame, of which suspension the constipation is one manifestation." (P. 151. *Constipation, its Theory and Cure*, by JOHN EPPS, M.D.)

155 *a.* In the case of Phthisis, the diseased state presents the regular action of the bowels: the phthisical diseased state acting in this stage impedimentally to the daily action of the bowels, the life-power being, as it were, drawn from the intestinal system to supply the morbid increase of action required in the lung tissue, hurrying on to the speedy separation of the thread of life.

155 *b.* It is true that diarrhœa subsequently is developed: a condition resulting in one period of the disease from a change originating in the mucous membrane of the bowels, which manifests itself by the increased secretion of mucus, this change in the bowels being resultative of the mucous membrane being deprived of its usual healthy supply of blood, and of nervous power, in part, by the irritation of the imperfectly formed chyle; or it may arise, as it does in the more advanced stage, from ulceration of the mucous membrane itself, this ulceration being induced by the want of that amount of nutrition necessary to prevent the development of ulcers in the glandular tissues of the bowels: it being a fact known to experienced practitioners, that eruptions occurring upon badly fed, badly housed children, will, instead of forming crusts, and therewith ceasing, form ulcers penetrating deeper and deeper into the subjacent tissue. The smell of the bowel discharges in the last named condition are cadaverously offensive.

Section IV.—*The Symptoms connected with the Third Stage of Phthisis, and their Explanation.*

160. The third stage of tubercular Phthisis is indicated by the following phenomena:—

160 *a.* The *emaciation* (No. I.) frightfully augments; the skin seems often to hang loose on the bones; the cough (No. II.) augments, exhausting the patient; the *expectoration* (No. II. *a.*) augments, and the patient has a greater and greater difficulty to dislodge the matter to be expectorated; the cough often becoming worse in the evening, and also in the morning; traces of pus are now often found in the matter expectorated; the hectic fever (No. IV.) becomes more marked, and becomes almost continuous; the hectic flush on the cheek becomes more marked, being in painful contrast to the general paleness; the breathing (No. VII.) becomes more and more hurried; the patient cannot go up stairs or ascend a height but with the greatest difficulty; diarrhœa (No. XIII.) becomes more marked, and the stools are frequently exceedingly offensive; the pulse (No. X.) increases in frequency, and beats almost a hundred and twenty beats in a minute.

160 *b.* Symptom No. XV. In connexion with this may be noticed a peculiar *appearance in the mouth and the fauces;* scurvy not unfrequently shows itself.

160 *c.* Symptom No. XVI. The feet *swell, also the legs, which pit on pressure.*

160 *d.* Symptom No. XVII. The NAILS *assume a peculiar bent form.*

161. All these changes exhibit the constitution gradually sinking under the influence of disease, strug-

gling, it is true, but struggling, if not properly aided, in vain.

162. The diarrhœa now developed is that which results in the want of that amount of life-power necessary to prevent the disintegration of the tissue of the mucous membrane of the intestines. It does not seem to relieve the cough and the night sweats, as it sometimes did in the second stage. Indeed this diarrhœic state seems to be one in which there is a development of action, in which, from the state of weakness induced by the phthisical disease, the mucous membrane secretes an unnatural fluid, which further irritates the membrane itself as it passes along through the intestinal tube, the amount of derangement being exhibited in the fact that the discharge from the bowels is cadaverously offensive; even the chyle itself, that which was given for the nourishment of the system, becomes, from being imperfectly absorbed, a source of irritation to the mucous membrane; thus adding to the conditions a fresh irritation aggravating the distinctive diarrhœa.

163. The rapidity of the pulse acquires a continuous character. This rapidity is present more or less in all the stages of Phthisis. It is connected, as has been in part explained, with the altered state of the lung cellular tissue: a state conjoined with two circumstances, first, a state of irritation, connected with or produced by the existence in this tissue of a foreign body, a tubercle; and, second, a state in which, from the occupancy of a portion of the cellular tissue space by the tubercles and their investments, an impediment is interposed in the way of the free passage of the air through the lungs; and, consequently, the heart having to send the blood more frequently

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through the lungs, in order, by its frequent transmission, to make up the deficiency of the lung surface through which the blood is exposed to the air, an exposure essential to the effecting the proper changes in the blood, and by consequence essential to the health of the individual, beats more frequently.

164. The presence of these physical states in the lung tissue being connected with the progress of the tubercle in its various stages, explains the fact of the rapidity of the pulse during the greater part of the course of Phthisis, and its increase as the disease progresses.

165. Mr Wardrop seems to have recognised these views. He remarks:—

"The shorter and the more frequent the inspirations, the more rapid become the movements of the heart: and when, from disease, a portion of the lung is no longer capable of assisting in the arterialization of the blood, that which remained sound having an additional duty to perform, respiration becomes increased in frequency. Respiration quickened, there must necessarily take place an increase in the heart's action, and hence can be explained that quickness of the pulse which has been considered a pathognomonic (73. *c.*) of tubercular Phthisis." — (*The Nature and Treatment of the Diseases of the Heart, with some new Views on the Physiology of the Circulation.* Part i. p. 37. By JAMES WARDROP.)

166. *Both* the states referred to conspire to produce the rapidity of the pulse: since, in inflammation of the lungs, where the lung does not admit the free passage of the air, and, in chronic pulmonary catarrh, where also the free entrance of the air is impeded by the mucus effused into the bronchial passages, there

is oftentimes not the rapidity of the pulse as that presented in Phthisis.

167. Dr Sanders remarks, in connexion with the state of the pulse in *ulcerative fever* (Phthisis), that the velocity of the pulse in this fever is *not* diminished by the *surface of the body being cooled*, as in other fevers; a fact to which, Dr Sanders relates, Galen bears testimony in his work entitled *De Differentia Febrium*, (SANDERS, lib. cit., p. 159): a fact demonstrative of the peculiarity of the fever of Phthisis, and affording in this peculiarity a guide in connexion with the curative treatment of the phthisical fever.

168. It will be seen from these statements, that symptoms indicative of phthisical disease are present, in a greater or less degree, with more or fewer complications, in all the stages of the disease; a fact demonstrative of this, that the distinction into stages has not that high value *in relation to the* CURE of the disease that has been attached to it: indeed, the only philosophic idea that can be attached to this arrangement into stages, is that which regards all the symptoms as phenomena indicative of certain injurious agencies influencing the constitution; and, as thus manifesting their influence, affording a guide to the selection of the remedy which, in accordance with the homœopathic law, will, when applied in obedience to that law, be curative of the diseased state so phenomenanized.

169. And, further, experience confirms the necessity of this philosophic view of the symptoms by the establishment of another fact, which is, that all these symptoms, all these phenomena, are not in every case invariably present. Here, again, this very want of invariability becomes a source of aid in the cure to the homœopathic practitioner, since the absence or the

modification of any of the phenomena of the phthisical disease becomes of great importance, viewed curatively, in helping the skilful homœopathic physician to select the remedy or the remedies suited, these absences and the modifications therewith connected being indicative of the special conditions of the disease to which the pathogenetic effects of medicines, as recorded in the Materia Medica, will be found to have special similitudes; and out of these special similitudes, therapeutically recognised, the cure will come.

170. Indeed, the result of all the inquiry made into this disease is to demonstrate, that the appearances produced by the disease, as manifested after death from this disease, afford little or no benefit to the practitioner in respect to the means of cure.

SECTION V.—*Other Means of detecting the Existence of Phthisis.*

171. All knowledge is useful; hence the occupancy of another section of this third chapter by the remarks that follow.

172. The phenomena of Phthisis already described, present the means by which the existence of the disease can be detected; but a query occurs,—

ARE THERE ANY OTHER MEANS OF DETECTING THE EXISTENCE OF TUBERCULAR PHTHISIS?

173. *Percussion* and the *stethoscope* present means, which, of late years, have been much employed in the examination of the chest by auscultation, with the view of detecting both the existence and the course of Phthisis.

174. In reference to these means, the following remarks embody some important truths:—

"Auscultation, although it indicates the character, or, more correctly, the topography of the disease, is far from perfection even in this point of view. Many of the most experienced physicians dispense entirely with its aid, and perhaps wisely consider it better to have no such criteria to be guided by than to trust to one which to them is at least of a doubtful character. Without questioning its ingenuity and importance as an auxiliary to observation, it cannot be denied that as yet, though it has been in use for nearly twenty (forty) years, it has effected but little for the *cure* of Phthisis: with certain exceptions, it is little better than a glass by which we may count the moments of a patient's life; through which, although we cannot remove, we seem privileged to foretell the fatal issue of the disease."—(*Tyrrel*, lib. cit.)

175. Laennec remarks:—

"When the tubercles are small, however numerous they may be, auscultation affords no indication of their presence if the pulmonary tissue in the intervals between them is otherwise healthy."—(*Gardner*, lib. cit., p. 73.)

176. Dr Walshe, in the preface to the first edition of his work, makes the following remarks in reference to the application of these means to the discovery of diseases of the chest:—

"Although in the main confining himself to a description of physical signs, the author has occasionally stepped aside to consider their mechanism; yet not without the full consciousness that in the present state of thoracic acoustics, and indeed of acoustics in general, all efforts of the kind must be purely tentative."—(*Walshe*, lib. cit., p. viii.)

177. These remarks embody ideas similar to those expressed thus by Wardrop:—

"Until the celebrated Laennec pointed out the changes to which the sounds of the heart are liable, we had no other means of ascertaining the alterations in the functions of this organ than by observations on the pulse, together with the effects which the changes in the circulation cause on the other symptoms, more especially on the respiratory organs, on the brain, and on the organs of digestion; and imperfect as the means of diagnosis might have then been, I am persuaded that *fewer and less serious mistakes* were committed than we now see made by those who *look only to the* PHYSICAL *signs* of the diseases of the thoracic viscera, and disregard that general assemblage of symptoms which accompany those affections, and which arise from the disturbance of the other organs, or the other symptoms of the economy."—(*Wardrop*, lib. cit., p. 93.)

178. Dr Cotton remarks:—

"I have occasionally noticed severe hæmoptysis at so early a period of Phthisis, that the most careful examination of the chest has *entirely failed* in affording the least evidence of the lungs being otherwise than healthy, whilst the flow of blood has been so copious as to forbid any other conclusion than that of its having proceeded from a ruptured vessel."—(*Cotton*, lib. cit., p. 123.)

179. Laennec, to whom Wardrop refers, remarks:—

"I have often heard the breathing performed on both sides with equal force and clearness in individuals, who, on dissection, presented one lung either healthy or containing merely a few small tubercles, whilst the other was *filled* with tumors of the same nature, varying in size from a millet seed to that of a filbert, and in such numbers as at least to double the weight of the lung."

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180. Another means of detecting tubercular Phthisis is that presented by a careful examination of the *exterior of the chest.*

181. Such examination will establish, that in many cases the ribs seem to sink in at the part where the disease in the lung is situated; and at that part a gentle pressure will cause pain, and that where the patient has not heretofore recognised any pain.

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182. This statement respecting the employment of auscultation in the discovery of Phthisis, appears to justify the remarks of Dr John Gardner:—

"Percussion, auscultation, and the stethoscope, also furnish information respecting the physical or mechanical state of the lungs; they point out the existence and the locality of the cavities, and the extent of consolidated parts; they cannot reveal even the existence of tubercle; they teach nothing of its nature.

"Any man, therefore, who pronounces upon the indications these furnish him that tubercle *exists*, merely GUESSES. No inferences can possibly be deduced from the state of the respiration alone, touching the composition or formation of this the *radical essence* of consumption."—(Lib. cit., p. 73.)

CHAPTER IV.

ON THE CACHECTIC STATE CONNECTED WITH PHTHISIS.

183. **Galen** seems, in the following remarks, to have recognised the existence of a special cachectic state in connexion with Phthisis:—

"The cases radically incurable are those that depend on a fault of the humours."

This recognition of a special cachexia, Galen, with his views respecting the intimate dependence of all diseased conditions on the humours of the body, could not express in other terms.

184. **Celsus** also seems to have recognised the existence of a cachexia in Phthisis.

185. The special cachectic condition connected with Phthisis is thus illustrated by **Laennec**:—

"It is impossible not to admit an aberration of nutrition, an actual and a *peculiar* change in the fluids which give rise to tubercles."

186. To the existence of this cachexia Dr **Alison** testifies, when he remarks, that, "in *certain constitutions*, chronic inflammation does distinctly lead to the deposition of tubercles." In this statement he virtually maintains the proposition, that, in order that chronic inflammation should be able to produce

tubercles, there must be a certain pre-existing constitution, a cachexia.

187. ANDRAL testifies to his belief in the existence of this cachexia, as necessary to the production of Phthisis, in the following statement, which, though deemed by many to be too dogmatic in phraseology, unfolds an important truth, admitting a wider application than as viewed in respect to Phthisis merely :—

"If the disposition to tubercles be *very strong*, the slightest local congestion of blood will produce them; but if there is no such predisposition, the most intense and longest inflammation will not produce a tubercle."

188. Laennec adds another testimony to the necessity of the antecedent existence of this cachexia, before Phthisis can be produced, in the statement :—

"Severe continued or intermittent fever would seem to be frequently the cause of the production of tubercles."

188 *a*. Such fevers, it is well known, are not unfrequently dependent upon or connected with a cachectic condition, of which the peculiar pale yellowness of the complexion is a characteristic sign, and the very fever itself is often nothing but the symptomatic expression of an internal disease become so far active as to be able to manifest itself.

189. Another fact, illustrative of this special cachectic state, is noticed by BAYLE, that,—

"In the last stage of Phthisis scurvy often develops itself;" and scurvy, no one doubts, is a manifestation of a cachexia.

190. The following well-known facts, recorded by Bayle, testify to the existence of this cachexia in connexion with Phthisis :—

"The repressing of tetters, of the itch, of rheumatism, syphilis, hooping-cough, pleurisy, peri-pneumonia, of cutaneous inflammation, such as small-pox, measles, scarlet fever, &c., sometimes occasions Phthisis: more frequently these diseases only hasten the course of a Phthisis which has already produced an alteration of the lungs."—(*Bayle*, lib. cit., p. 19.)

Bayle adds:—

"In fact, eruptive diseases and cough may accelerate a Phthisis already existing, and perhaps determine its development, in persons whose lungs are as yet sound."

191. Bayle adds a very striking evidence of the existence of this cachexia in the following interesting fact, in connexion with the appearance of certain ulcerated spots, *aphthæ*:—

"The aphthæ affecting the consumptive begin with an alteration of the mucous membrane of the mouth, which becomes covered with very numerous small flakes, white, as if they were silvered over. The flakes having come off, the mucous membrane is seen uniformly excoriated and very painful. Some facts prove that these aphthæ arise from a *general* disposition;"—*i. e.* from a cachexia.

192. Dr. Young, in his work entitled, *Practical and Historical Treatise on Consumption*, states:—

"Of the numerous causes of consumption it is impossible to speak with any certainty, except to say what it is *not*. A great many depend on a *peculiarity of constitution*, of which the first effect is the deposition of a morbid and apparently inorganic substance (tubercle) in the lungs."

193. Laennec, in addition to the views already stated, adds some still more definite. He remarks:—

" The progress of pathological anatomy has successfully demonstrated, that Phthisis is owing to the development of a species of accidental production, to which modern anatomists have restricted the name of tubercle:"

i. e. There exists a peculiar cachexia of the constitution, which causes or admits of the formation of this tubercular production.

194. The existence of this cachexia is evidenced in the fact, that Phthisis is *hereditary*, for no doubt exists that Phthisis runs in families.

195. In addition to this general fact of the hereditaryism of Phthisis, other special facts give their evidence to this cachexia, as united with the hereditary condition. Thus, in families where the mother was consumptive, the *daughters* are more liable to consumption than are the *sons*. But, if it happens that the sons have the *maternal* features, they are more liable to consumption than are the daughters, these daughters having, it may be, the *paternal* features: the writer has known it attain to this specialty: where one daughter has been like the father, she has escaped, when another daughter like the mother has succumbed to the disease.

196. And here homœopathy presents another of its glorious features, as the homœopathic *therapeusy* (Preface, *c.*) enables the homœopathic practitioner to provide curative means, by which these cachexiæ can be removed, and by giving these means to the mother while in the pregnant state, the condition of the progeny shall be so modified as to prevent therein the production of the taint. Of this the writer has had in his practice satisfactory proof.

197. The existence of this cachexia is evidenced by some facts, recorded in the *Dublin Journal of Medical Science*, by Dr. Houston, in connexion with the MONKEYS in the collection of the Zoological Society of Dublin.

198. Many monkeys died of Phthisis, and tubercles were found in the lungs, and not only in the lungs, but also in the glands contained in a tissue of the interior belly, called the mesentery, these glands, the mesenteric, being for the purpose of completing the animalization of the nourishment passing from the intestines to the blood. In some of the monkeys the liver was not free of these tubercles.

199. And may not the great similarity existing between monkeys and man (as Tyrrell appropriately remarks, *lib. cit.*), " Whose very resemblance to man constitutes, as it were, their deformity"), explain their obvious liability to Phthisis, inasmuch as, from the similarity, it is likely the monkeys have the same cachectic liability ?

200. The fact of the coincidence of the tubercular state of the mesentery and of the lungs has been noticed by Bayle, he having observed this tubercular state in both when examining those who had died of Phthisis.

201. Louis, in his " *Recherches Anatomico-Pathologiques sur la Phthisie*, 1825, states that, without one exception, out of three hundred and fifty dissections, when he found tubercles in the lungs, he found them in other organs."

202. Bayle refers to the fact, that the most common cause of Phthisis is the tuberculous taint, which is essentially, says Bayle, a *chronic* disease, *i. e.* a diseased

state, which presents characters belonging to a cachexia.

203. Bayle, besides the three stages of Phthisis already referred to, notices a stage of Phthisis in which the Phthisis lies *occult* or latent, *i. e.* a state constituting the cachexia before its active development.

204. Bayle thus states his conclusions:—" All the observations made by myself prove, that the tubercular degeneracy is a chronic disease; that it is of a peculiar nature; that it ought not to be regarded as the *consequent* of any inflammation whatever, either of the glandular or lymphatic system." (*Lib. cit.* p. 74.) He thus recognises a cachexia.

205. Sanders recognised some facts which, if they had been logically pursued, must have led him to the recognition of this cachexia. He remarks:—

" If the constitution is tainted with any other disease, as scurvy or lues venerea, the remedies of approved utility in these affections are the fittest to remove the concomitant pulmonary disease."—*Lib. cit.* p. 124.

206. The existence of this cachexia being recognised, a query occurs, ARE THERE ANY INDICATIONS BY WHICH THE EXISTENCE OF THIS CACHEXIA CAN BE PREDICATED? Is it a myth, or is it a reality?

207. The cachexia is exhibited principally in connexion with individuals who have a fair complexion, light hair, blue eyes, slim and tall frame, and, most particularly, narrow chest.

208. To these features may be added, the presence in early life of *inflammation* of the eyelids of a SCROFULOUS character, and this inflammation modified at *each monthly period*, showing the connexion of the

affection of the eyes with the condition of the womb.

209. Another feature is, that phthisical persons are peculiarly liable to disease of the mesenteric glands, and also of the neck glands: and in them the development of the phthisical disease often takes place when the swollen glands of the neck have been made to revert to their natural size by the external application of iodine and other agents, ignorantly used for this purpose.

209 *a.* These neck iodine painters are either rashly daring or grossly ignorant.

210. In connexion with this liability to affections of the mesenteric glands, as associated with the phthisical cachexia, the following facts have a value:—A parent of scrofulous habit of body gives birth to children, often beautiful in the extreme. At a time when the children begin to interest by their delightful prattle, death comes, under the form of mesenteric glandular disease. Perhaps one girl survives. She attains the age of eighteen to twenty, and then she dies of consumption. The mesenteric affection was the first exhibition of the cachectic affection. At puberty the lungs are called into a peculiar activity; the cachexia in connexion with the lung state is awakened; the tubercles become active; Phthisis proceeds, and death results.

211. From these facts and these views it will appear that, in order to render an individual liable to Phthisis, a special condition of the system must exist,—a

PHTHISICAL CACHEXIA.

212. Before the discovery of vaccination and the protection afforded against the attacks of smallpox by means of vaccination, all persons were not naturally liable to smallpox, a non-liability exhibited in the fact, that some were attacked, and others similarly exposed were not attacked. The reason of the non-liability of those not attacked is, that in order to be liable to the attack of smallpox, there must be existing in the body a cachectic condition, constituting the liability, and which not existing, the individual became thereby safe from smallpox.

212 *a.* The query occurs, whether this non-liability is a benefit? or rather, whether this non-liability did not depend on the existence of some other diseased habit (cachexia) in the individual? Or is it to be assumed that the possession of sound health, unmodified by the excitements of dissipation, forms in itself this non-liability to smallpox? The writer thinks not, for smallpox often attacks the most healthy individuals: and those so endowed and so attacked are oftentimes most severely affected and most deeply marked. Add to this another fact, well known to all who have had experience in smallpox, that when smallpox attacks a person who has always been ailing before the attack, if the person attacked gets through, he has good health oftentimes to a good old age.

213. The power of vaccination as a protective consists in this, that it communicates to those who are naturally susceptible to smallpox, an unsusceptibility, that is, vaccination creates a cachexia which is antidotal to smallpox.

214. The importance of the entertainment of the view, that vaccination creates a cachexia, is exhibited in this, that it teaches the necessity of the greatest

care that, in using the vaccine poison, no other cachexia be introduced, as may be done by using contaminated matter, or matter not genuine.

215. Another deduction is connected with the fact, that vaccination is protective against smallpox by its producing in the person vaccinated a cachexia; it is this that constitutes the monstrousness of that legislation which makes vaccination compulsory. No power can by possibility have the right to force a parent to have his child poisoned with the vaccine poison.

216. So with the liability to the attack of *Asiatic cholera:* in the same locality hundreds were attacked and hundreds escaped.

217. These facts prove, that those attacked had a cachexia which was suited to the reception of the cholera. Those not attacked had not this cachexia.

218. And, in relation to this, it was proved, that like as vaccination creates a cachexia which resists the attack of smallpox, so it is possible, by the exhibition of the homœopathic medicines *Cuprum* and *Veratrum*, to create thereby MEDICINAL cachexiæ which are protective against the poison of Asiatic cholera. Of the resistive power of these medicinally produced cachexiæ to resist the cholera disease, thousands of instances occurred during the prevalence of cholera, both in Great Britain and in many other European states.

219. The great question here suggests itself, Is it not possible that the homœopathist, aided by his law, may be enabled, by finding out medicinal cachexiæ, similar to the various phthisical cachexiæ, to arrest the development of Phthisis, just as the vaccine cachexia destroys the liability to smallpox, just as the *Veratrum* and the *Cuprum* cachexiæ destroy the

liability to cholera? The answer to this question will be in part afforded in the contents of a subsequent chapter.

219. This subject of the essential necessity of the existence of a phthisical cachexia in order to allow of the development of Phthisis, is so important as to justify an additional illustration in connexion with the fact, that persons cured of FISTULA IN THE ANUS by *operation* are very liable to die of Phthisis.

220. The attention of the author of this work was drawn to this matter by a patient who had been operated on at the Fistula Infirmary for *stricture of the rectum*. After some months the disease again became excessively distressing, and the person who had been operated upon applied to the surgical officers of the infirmary. They told her that nothing could be done for her without another operation. The sufferings she endured at the previous operation produced so great a horror of a second operation, that she was brought to the author to see whether homœopathy could by its means save her from the necessity of submitting to a second. After six weeks' inaction of the bowels, relief was gained, the bowel content unloosing by its gyrelike action the stricture.

221. This patient, referring to the cures performed at the Fistula Infirmary, added :—

" The public do not know all : they should follow the patients who have been operated upon, and are said to be cured, and they would find that a great number die of consumption."

222. The reason of such a termination will appear on slight reflection. The cachexia which favours the development of fistula is one which favours the development and the degeneracy of tubercle ; and there-

fore when *the* FORM, *the fistula in the anus*, under which the cachexia, as it were, manifested its morbid activity, was removed, the cachexia itself, not being cured by the operation, manifested itself in a new form: it acted on the lung tissue, and produced tubercle, or caused a development of diseased activity in connexion with the tubercle. A similar transfer is seen in the extraction of cancerous tumors by Dr. Fell's process: when one cancerous tumor has been removed, another forms in the same breast. The writer was consulted by a lady, who had had three cancerous tumors form; when Dr. Fell had removed the first, a second formed; when he removed that, a third appeared. The cancerous cachexia had not been removed by the operation.

223. The experience of the writer, backed by the theory just propounded, justifies the declaration, that there is great danger in attempting the cure of fistula by surgical means, unless therewith there is combined homœopathic treatment, curative of the cachexia to which the fistula owes its development.

224. Dr. Gardner relates the following case:—

"A. B., a delicately formed young man, who had suffered from fistula, began to exhibit the usual symptoms of consumption. The fistula had been operated on, and the wound slowly healed. But, as soon as it ceased to discharge, cough, hectic fever, and pains in the chest followed, and there were found unmistakable evidence of tubercular choking of the lungs."

225. Dr. Walshe remarks: "My actual experience on the question, whether fistula in ano should be cured in phthisical cases, is small: such as it is, it deposes emphatically against interference, unless (what is very rare) there be wasting discharge and serious suffering."—(Lib. cit. p. 541.)

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226. The general recognition of the essentiality of the existence of a cachexia in connexion with Phthisis, is presented in the fact, that Phthisis has been called,

THE SCROFULA OF THE LUNGS.

227. Add to this the following fact, recorded by Laennec, and the existence of the special cachexia, associated with tubercle, becomes vividly apparent: Laennec, in examining a body, in which he found tubercles, wounded his finger. On the day after a slight redness appeared at the place of the wound, and gradually a smooth round tumor, the size of a cherry-stone, formed in the substance of the skin. Subsequently the skin cracked, and a firm yellow substance, resembling exactly a crude tubercle, presented itself. On the application of caustic it became soft, exactly like a softened tubercle.—(*Gardner*, lib. cit.)

228. The idea has been put forth, that "tubercle expresses the *effect* of this cachectic condition; the one being related to the other in exactly the same way that sugar is to diabetes, and soda to gout."—(*Cotton*, lib. cit.)

229. The mode of expression is not strictly correct; still as a recognition that a cachexia must exist previous to the development of the phthisical disease in any of its special manifestations, the illustration, though not logical, has its value.

CHAPTER V.

LUNG DEBILITY.

OF THE STATE OF WEAKNESS CONNECTED WITH THE DEVELOPMENT OF PHTHISIS.

230. Of the fact, that tubercle may *remain in a dormant state* many years, indeed to the end of a long life, no doubt can exist in the mind of any one acquainted with phthisical disease.

231. This fact establishes, that besides the cachexia in which the tubercle originates, and the existence of the tubercle itself, a third condition is necessary, indeed essential, to the awakening of the tubercle into activity, *i. e.*, to adopt a homely phrase, a light put to the powder is essential to an explosion.

232. For the development of tubercular Phthisis it is necessary that a *weakness* of the lung system should exist; a weakness very likely to be awakened in the lung tissue of those having tubercles; since it is a truth, that " newly formed parts, from the imperfectness of their organization, are more liable to inflammation and suppuration; a liability increased by the

tubercle being produced and nourished by an organ which is oftentimes in a state of actual and increasing debility."

233. Dr. Sanders recognised this, though not recognising the point in which the debility consists. He remarks :—

" The predisposition to this pulmonary consumption appears to consist in a relative debility of the lungs with regard to the power of the circulation."—(*Sanders*, lib. cit. p. 65.)

233 *a*. The necessity of the existence of a weakness of the lung tissue as an essential to the production of tubercular Phthisis, is thus hinted at by Laennec :—

" Of all the occasional causes which give rise to a considerable development of tubercles, the most frequent, the most powerful, and the most evident, is the SOFTENING *of a certain number of tubercles* already in existence: since we know it is at this period that the secondary eruption of numerous tubercles takes place in the lungs."

233 *b*. An action similar to this is presented in disease of the breast, it happening that, when one gland is suppurating, the glands in the neighbourhood enlarge.

234. An explanation of the conditions under which this debility shows itself will present points of interest and of importance, inasmuch as they will unfold some of the reasons why Phthisis is so common in the British Isles, in demonstrating that many practices prevalent among the people are productive of debility in connexion with the lung tissues; and will afford opportunities of warning against the various sources of danger in connexion with the development of this disease.

SECTION I.—*On the Development of the Weakness necessary to the Awakening into Activity Tubercular Phthisis, in Connexion with the Conditions of the* GENITAL SYSTEM.

235. Women are, as already noted, more liable to Phthisis than are men.

236. This liability is in a great measure connected with the fact, that between the womb and the lungs there is a most intimate sympathy.

236 *a.* Illustrative of the action of this sympathy in producing the weakness necessary to the development into activity of the phthisical cachexia, is the physiological fact, that the development of Phthisis takes place in the female soon after the monthly discharge has made its appearance, a time when a peculiar irritability of the whole system is present; in many individuals a kind of excitative fever: further, till the menstrual habit has become fixed, and is regularly recurrent, the liability to Phthisis exists; and that, by the age of thirty-two, when the monthly discharge may be considered to be settled as a habit, Phthisis becomes relatively rare.

236 *b.* Another fact illustrative of the sympathy in this disease producing connexion, is, that Phthisis is often accompanied with violent hysterical affections, and has been preceded by suppression or great deficiency of the monthly discharge, or by chlorosis.

236 *c.* A third fact illustrative of this sympathy is, that as Phthisis advances in the female the monthly period becomes *suppressed.*

236 *d.* Illustrative of this sympathy is a fourth fact, that, in cases where Phthisis has been treated with

success, the monthly discharge, if suppressed, generally *re-establishes* itself.

236 *e.* A fifth fact illustrative of this sympathy is, that very often, when the principal symptoms of Phthisis are present in a woman not pregnant, and she becomes pregnant, all the phthisical symptoms cease till birth is given to the child : *i. e.*, the action of the womb, necessary to the development of the life and the life's actions in the child, suspends the diseased action in the lungs. The child is born, *i. e.*, the suspending action in the womb is suspended, and in a few weeks the diseased state in the lungs again appropriates to itself the life-power, with which it occupies itself destructively until death comes. This is a result very common, though " it is not uncommon for a mother to think her health improved by the state of pregnancy."—(*Sanders*, lib. cit. p. 27.)

So usual is this result, that Dr. Hamilton, in his Lectures on Midwifery, puts forth the axiom,—" That death is the invariable consequence of childbirth to a woman labouring under an advanced Phthisis Pulmonalis."

236 *f.* Another fact illustrative of the sympathy referred to is this, that " abortion often interrupts the pregnancy of the consumptive."—(*Sanders*, lib. cit. p. 26.)

This result is dependent on the circumstance, that the amount of the disease in the lungs so concentrates the life-power to the lungs as to deprive the womb of that amount of life-power necessary to impart that regular development to the fœtus in the womb, as to cause the fœtus to be, by its *regular* development, a healthful stimulus. Such healthful stimulus thus ceasing to be supplied, the womb expels what is no longer such to it.

236 *g*. In connexion with these views, a fact has presented itself to the author, which refutes the invariability put forth by Dr. Hamilton; namely, he had a patient who had the symptoms of advanced Phthisis, (indeed she was given over to die of Phthisis), and she becoming pregnant the Phthisis was suspended, and, the child being born, she lived and had two children successively; each pregnancy arresting the phthisical disease: in the third pregnancy she had the fœtus die before the proper time of birth. Immediately active symptoms set in, the child was expelled at the eighth month, and she died the day after the expulsion; a fatal result, which, it is believed, would not have taken place had the child continued its development the full time. The regularity of the process being suspended caused the child to cease to be a proper stimulus to the womb; and the child being expelled, the disease in the lungs was allowed to resume its sway.

236 *h*. And here it may be added, in relation to the action of pregnancy in connexion with Phthisis, homœopathy exhibits a beneficial power. The writer has known instances where, by giving the pregnant woman, during her pregnancy, the homœopathic remedies suited to cure her phthisical cachexia, the renewed development of the lung disease after the birth of the child has been prevented.

236 *h*. An additional fact, illustrative of the sympathy between the womb and its appendages and Phthisis, is recorded by Bayle:—

" That the aphthous eruptions which occur in phthisical patients, appear at the same time on the interior parts of the folds (labia) of the female genital organs:

" That whenever aphthæ appear in uterine diseases, accompanied with hectic fever, the aphthous eruption resembles that observed in Phthisis, although the seat of the disease is so far from the womb."

236 *i.* Further illustrative of this sympathy between the womb and the lungs, is the fact, that diseases of the womb often produce diseases of the larynx which end in Phthisis. Bayle relates, that of one hundred persons who died of Phthisis, eighty-three had the larynx sound, and seventeen had the larynx diseased, and all these seventeen were under fifty years of age.

237. Indeed, it is an important fact, which has been impressed on the mind of the author by repeated experiences, that where throat affections of women are peculiarly severe, and have been of some duration, such severity and permanence are, in the majority of cases, dependent upon disease of the womb; and will, if unattended to, end in fatal diseases of the womb.

238. This fact ought to serve as a warning to those patients who run after those physicians whose chief occupation seems to be the application of caustic to the neck of the womb; since it is not unlikely that if the disease be driven from the womb, it may be thrown on the larynx (5, 6.), and may thence awaken the phthisical cachexia in connexion with the lungs, and cause death by Phthisis. And this is the more likely, since, if a woman has the cachexia connected with womb disease, it is not unlikely that the cachexia connected with Phthisis may exist, and the removal without cure of the womb disease (one form under which the cachexia manifested itself) will necessitate the development of the cachexia in some other form.

239. The development of this special weakness in connexion with the genital system, as necessary to the rendering active the phthisical cachexia, is exhibited

in the facts, that both bleeding from the nose (epistaxis) and bleeding from the lungs (hæmoptysis) take place in the young of both sexes at the time of puberty, *i. e.*, at the time when both the pulmonary and the genital systems become specially active, exhibited in the breaking of the voice, the development of the breasts in the female, and in other well known phenomena, both in the male and in the female.

240. Connected with and illustrative of the sympathy existing between the lungs and the genital system, is the fact, that a condition under which the development of Phthisis in the male occurs, is that in which excesses connected with the genital system have been practised. How commonly is Phthisis the result of these sexual excesses!

241. It is a curious fact, that the phthisical state seems to be in many individuals associated with a strong excitement of the sexual desire, which has prevailed though the sufferer was exhausted with the most profuse night-sweats.

242. The fact that the form of disease called the *chancrous sore*, where removed by external applications, causes the syphilitic taint to enter the constitution and to affect the throat, inducing syphilitic sore throat, exhibits the sympathy between the genital organs and the lung system; which is still farther evidenced in the fact, that in such transfer of action the disease passes from the windpipe to the lungs; *i. e.* from the trunk (the windpipe) to the branches, and Phthisis results, as already recorded (236 *h.*) Seventeen out of one hundred persons who died of Phthisis had diseased larynx.

243. Though Phthisis is oftentimes a sequel of these laryngitic affections, it happens that inflam-

matory affections of the larynx may exist without Phthisis, though mistaken for Phthisis. Morgagni relates (*Epistola* 10. *Art.* 13.) that the lungs of a woman who was thought to have died of Phthisis Pulmonalis were sound, her death having been caused by a tumor containing puriform matter pressing on the hind part of the larynx.

244. The fact of the number of persons dying of Phthisis who have had throat affections, ought to warn the public against those practitioners who attempt to remove throat diseases by burning with caustic, and *painting* (as they call it) *the fauces* and the parts adjacent, since such practice not unfrequently causes a transfer of disease to the lungs.

244 *a.* It is not denied that in some cases of laryngitic affections *causticking* the throat has been attended with success—a result dependent upon this, that the caustic was homœopathic to the disease, as every one acquainted with the pathogenesis of medicines knows; but the allopathist, not knowing the cases where there is a homœopathic relationship between the diseased state and the caustic employed, renders his employment of this causticking process purely empirical, and consequently dangerous.

245. Still further illustrative of the sympathy between the lungs and the genital organs is the fact, that the weakness of the lungs necessary to the development into activity of the phthisical cachexia has been often produced by the habit of *self-abuse.*

245 *a.* It has been already noticed (197.) that monkeys are peculiarly liable to consumption. May not this liability depend in part upon the same habit, to which they are inordinately given? It is not at all unlikely that this develops weakness of the lung

system, which favours the activity of the phthisical cachexia.

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246. Another source of the special weakness of the lung, productive of the development of the phthisical cachexia, is the existence of the *fever* of desire.

247. The discoveries of Gall and Spurzheim* have *physically* demonstrated that man has an animal, a moral, and a religious nature; that the animal nature, if not ruled by the moral, and guided by the intellectual nature, will appropriate to itself almost the whole life-power, and will, by the insatiableness of its demands, produce a fever, or to use the proverbial phrase, "will eat itself up."

248. This fever is most strongly developed in connexion with the sexual desire. It increases by activity:

"*Crescit eundo.*"

249. It causes at first an animal fever; it causes at last a bodily fever; and this bodily fever induces a rapid pulse, heated cheeks, flushed face, hot ears, and ends in producing a weakness, which admits of, indeed encourages, the development of the diseased activity of tubercle.

250. The baneful influence of this passion, so fully depicted by *Gall in his work on the Functions of the Cerebellum, translated by Combe,* will explain the reason why persons prone to the pleasures connected with this animal feeling are particularly liable to consumption, and also why excessive gratification at

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* *Gall sur les Fonctions du Cerveau.* Every one who wishes to understand the height of the philosophy of Phrenology, and to become acquainted with the immense mass of facts connected with the science, should study the above scientific and at the same time most interesting work.

the earlier periods of the married life is often followed by consumption, unless nature kindly produces, as is often the case, an abscess or abscesses at the back, and thus arrests the development of diseased action in the tubercles of the lungs.

251. In connexion with this sympathy between the lungs and the genital system may be noticed a fact recorded by Laennec. He considers great austerity of life produces Phthisis, and instances a religious community of women who dropped off one after the other of Phthisis.

252. The austerity of life referred to by Laennec is connected with an absence on the part of the members of this female religious community both of a special source of nourishment and of an evacuational relief; the absence of the former tending to develop a weakness of the constitution, the absence of the latter throwing on the lungs an action which would have been produced in connexion with the womb and its appendages in the necessities of married life. From these two causes, aided by others, debilitating in connexion with the austerity of life referred to, a weakness was, it is likely, developed in the lung tissue, and consumption resulted. How physiologically true is the advice of Paul! "Let the husband render to the wife due benevolence; and likewise also the wife unto the husband."

253. Laennec further declares it to be a fact, that women are more liable to Phthisis than are men.

253 *a*. This fact is corroborated by the Report of the Registrar General. It is true that this fact has been disputed by some writers. Thus Dr. Cotton maintains, that "females up to the age of thirty are shown to be more liable to Phthisis than males of the

same age; but after that time, the disease is much more frequent in the male sex."—(Lib. cit., p. 56.) He adds, " A similar observation is to be found in the *Medical Report of the Hospital for Consumption*, 1849." Out of a thousand cases referred to by Dr. Cotton, the males affected were 582 ; the females affected were 418. These cases refer to the metropolis principally.

252 *b*. It is allowed that in the metropolis the number of males dying of consumption is greater than is the number of females so dying. This fact is evidenced by the following table given by Dr Walshe :

Metropolis.	Males.	Females.
Population in 1838, ...	913,077	971,767
Absolute deaths from Phthisis, ...	4,057	3,630
Deaths from Phthisis from 1,000,000 living, .	4,443	3,735

(*Walshe*, p. 796, lib. cit.)

253 *c*. But this fact is to be explained thus. The dissipation of London, into which the male sex enter with greatest intensity—London gathering together all those who are likely to be given most to these dissipations, and presenting so many incitements, will serve to explain how it is that the lung weakness should be caused in so many males, and thus the phthisical cachexia be called into activity in males especially.

253 *d*. How often it happens that fast-living men, if having an attack of pneumonia, die of Phthisis at forty-five. They have lived four years in one, or rather they have exhausted an amount of life-power in one year which ought to have spread through four years; and at this age, forty-five, the constitution seems to give way (a fact of great importance in judg-

ing of the probability of cure); and if they do not die of water in the chest, or of disease of the heart, Phthisis becomes the cause of death.

253 *d a.* This is a climacteric period in men in relation to the circulating system and the vascular tissues; and this will in part explain the fact that, after thirty, males die in a greater number of Phthisis than do females.

253 *e.* The writer has observed the following fact, that if these fast-living men have had scrofula in their youth, the death is from Phthisis; if not affected with scrofula in youth, they die of water collected round the heart (hydrocardia).

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254. Unequal marriages, *i. e.* the marriage of the old with the young, are frequently effective, by the weakness in connexion with the modifications of the genital system induced by such unions, in producing consumption in the progeny, resulting from such marriages.

254 *a.* When a student in Edinburgh, the writer had delightful associations connected with one of the most intelligent families of that modern Athens. The father of this family was a fine specimen of the old—not English, but Scotch gentleman. When about sixty, he married a young lady, who was regarded as one of the finest women in Scotland. He had several children by this lady, and they grew up fine, handsome, and apparently healthy women; as they attained womanhood they died of consumption. The writer thinks that those who died numbered seven.

254 *b.* The inequality of age caused a weakness in the system, which did not allow the full maturing

of the pulmonary tissue, particularly active in its changes towards puberty. This admitted of the development of the phthisical cachexia, and Phthisis put an end to these intelligent members of an affectionate family.

254 *c.* The weakness could not have resulted simply from either parent, for the father died at ninety years of age, a healthy man up to his death; the mother lives now, and is a fine matronly lady.

255. Another source of the weakness favourable to the development of the phthisical cachexia is connected with the conditions arising from the marriage of NEAR RELATIONS. The writer has known whole families, derived from the *intermarriage of first cousins* (consumption being in the families), removed by Phthisis. The original cachexia being aggravated in its injuriousness by the weakness of lung-tissue produced by the unnaturalness of the union of persons of such near blood.

256. How unerringly does the Creator enforce obedience to his laws!

SECTION II. — *On the Development of the Weakness necessary to the Awaking into Activity Tubercular Phthisis, in Connexion with the Conditions of Want of Activity of the Lung System.*

257. It is a principle, which forms part of the doctrine of the natural action of the living principle (physiology), that *whatever action Nature intends for a part of the body,* THAT *action alone is capable of keeping that part in health.* Thus, the fact of a joint implies the *motion* of that joint: deprived of that motion for

a time (the time may be longer or shorter), it ceases to be a joint, it becomes a fixture—it, to use technical language, is *anchylosed.*

258. A source of debility affecting the lungs so as to develop the phthisical cachexia in the production of Phthisis, is to be found in the *want of due action* of the lungs; which want may be connected with either an excess of action or *impediments* to action.

259. The debility resulting from the want of action will be rendered more apparent by a short reference to the beneficial effects resulting from action.

260. Action is essential to the preservation of a healthy circulation; for action gives to all points intended for action the condition necessary to ensure that state of the blood-vessels essential to the admission of the free transit of blood through them.

261. The effect of action is evidenced further in the fact, that parts healthily exercised acquire additional strength and size. The arms of the blacksmith indicate the strength derived from action. The legs of a *domestic* fowl, being used more than are the wings, have a colour darker and a texture closer than are the colour and the texture of the wings; whereas the flesh of the wings of birds of *flight* are as dark and firm, indeed darker and firmer, than is the flesh of the legs. The flesh of the deer, an animal of speed, is redder than that of the sheep.

262. All unexercised muscular fibres lose their tone, become flabby, the blood does not circulate freely through them, and the muscular tissue, from this want of action, becomes weak, perhaps unhealthy.

263. Want of action of a part establishes in that part what might be termed a *relative* debility; *i. e.* an amount of strength disproportioned to that which

the part ought to have in relation to the strength of the system at large.

264. In connexion with the action of the lungs, the following conclusions are justified by facts:

264 *a.* "That the perfect health of the lungs depends upon the *full* performance of the natural actions, both as regards the complete expansion of the organ itself, and the purity of the air inspired."

264 *b.* "That every continued deviation from full *natural* action of the lungs is a step towards debility."

264 *c.* "That this debility is of more importance in regard to the lungs than to most other parts, this organ being that by which the blood is purified for the nourishment of the whole body."

264 *d.* "That the same increased healthful action of the lungs, like increased action of other parts, adds to their vigour, and tends to the removal of an acquired or natural liability to debility and disease of the lungs."

264 *e.* "That on this principle only can it be accounted for, that horses and other animals, made gradually to give additional action to the lungs, acquire additional powers of speed."

264 *f.* "It is not a little singular, that animals so trained and exercised are never subject to pulmonary consumption, unless the rare disease produced by debility, resulting generally from neglect or ill treatment of some acute affection of the lungs, might be called by that name."—(*Tyrrell*, lib. cit. pp. 56, 57.)

265. This freedom from disease, as exhibited in the horse, in connexion with wisely regulated action of the lungs, is capable of being attained by human beings, if placed in obedience to the conditions which develop this state in the lower animal.

266. That such a freedom can be gained will appear hereafter. Suffice it here to repeat, that want of action of any part intended for action, becomes a source of debility in that part: that debility induced in the lungs, affected by a tubercular cachexia, will in the majority of cases end in Phthisis.

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267. In regard to the injuries of the lungs, resulting from special impediments to their free action, the first source of injury is that derived from *tight lacing.*

268. Upwards of two hundred years since, Spigelius (*Spigelii Opera*, *Amsterdami*, 1654, *De Corporis Fabrica*) attributed the frequency of consumption in Great Britain to the habit of confining the chests of young women by *tight dresses.*

269. The same opinion respecting the injurious action of tight dresses was held by Diemerbroek, a physician of Utrecht, who lived somewhat later than Spigelius,—an opinion backed by numerous other authorities.

270. How frequently is the skin of the central portion between the breasts of women made quite discoloured, hardened, misshaped, and even indented, by the continued pressure of the hard stay-bone; and how often is the fair skin of the waist and of the sides marked with ridges, the flesh being depressed by the pressure of the ribs of the stays, making wheals just as if the individual had been whipped. What a work of supererogation such a woman practises daily; what a laborious attempt she makes to injure her lungs.

271. The following fact shows in an extreme the

injurious mechanical effects produced on the lungs by tight lacing:—

"*Suicide by tight lacing.*—A young lady was found in a brook in Worcestershire last week, and was at first supposed to have been murdered. This supposition is now, however, discarded, medical men being of opinion that she had fallen into the water in a fit of apoplexy. The degree of tightness of the stays of the deceased was so great, that on removing the clothes the surface of the chest and adjacent parts was perfectly blanched, while the upper parts of the body still retained their florid appearance. So horrible was the constriction to which this poor martyr to fashion had subjected herself, that the skin over the ribs was compressed into folds, the ribs themselves contracted and driven inward upon the lungs, the stomach forced down into the pelvis, and the liver pushed out of its place toward the left side. It is surprising how any of the natural functions could have been efficiently performed under such frightful derangement and distortion."—A. D. 1841.

272. Granted that the case is an extreme case; yet every great is made up of littles; every universal of particulars; consequently all tight lacing, little in each individual case though it be, produces an impediment to the free action of the lungs: and thus, by impeding the free circulation of the blood through the lungs, tends to the production of debility in the lung tissue; and which, by rendering *walking* difficult, must lead to the neglect of that exercise, this itself adding a general debility to that which is local.

273. The free expansion of the lung being impeded, the action of the heart is affected, being made to contract more frequently, because it must supply, by the

more frequent transmission of the blood through the lung tissue, the want created by tight lacing of lung-to-air-exposure surface, a want caused by a portion of the lung being rendered unfree to the transmission of the blood and of the air. The blood must for health's sake be exposed to the air; the surface through which the exposure takes place is lessened, and therefore there must be, as previously illustrated, an increase in the *frequency* of exposure to make up the want of *surface.*

274. This increased action of the heart, produced by the impeded action of the lungs, must, if tubercles exist in the lungs, increase the irritation of the lung tissue immediately surrounding the tubercle, and of the tissue of the tubercle itself, both these, from the peculiarity of their structure, resisting the free course of the blood through them.

275. These tight lacers create an artificial "pigeon breast," *i. e.*, they flatten the sides of the body, and push forward the breast-bone.

276. Dupuytren, in his *Memoires de Chirurgie*, and Mr Shaw in the *Medical Gazette*, 1842, have shown, that "this alteration of form may be produced, especially in the flexible chests of children, by protracted difficulty of breathing, depending on an obstruction of the upper air passages:" and if such can be produced by an *interior* defect, causing impediment, how certain it appears that tight lacing, an *exterior* application, may produce its injurious effects.

277. Stays will not produce tubercles; but tend, by exciting impediments to the natural action of the lungs, to develop the debility which favours the degeneration of the tubercle.

278. Dr. Copland remarks, "that the use of stiff

stays produces ultimately a *morbid* state of the *blood, tubercular deposition,* especially in the lungs, hæmoptysis," &c.

279. Dr. Copland has made a mistake,* Dr. Walshe is more correct in his remark:—

" It may be fearlessly asserted, no single proof exists that the abuse of the stays produces the specific disease tubercle."—(Lib. cit.)

280. In connexion with this tight lacing by stays, another form under which an impediment to the free circulation of air and of blood through the lungs takes place, is that presented in the practice of wearing *tight neckcloths.*

281. Some men seem to practise a perpetual *semi-hanging.* Of late years the practice has lessened.

282. The injury resulting from this practice will be apparent when it is remembered, that " in no other part of the human body do so many extraordinary motions meet together as in the trachea," (6. 9.) (the part compressed by these tight neckcloths): there are the respiratory motions of the lungs; all the varieties of respiration; also all the motions, the modes, and the articulations of the sounds of singing and of the words of speech, to the whole of which the trachea has to adapt itself. Not a syllable issues from the mouth

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* It is not wonderful that Dr. Copland should be deficient in logical accuracy; he, though remarkable for his literary attainments, for his knowledge of what others have written and said, has not a truly philosophic mind—an essential to accurate reasoning. Had Dr. Copland been so endowed, he would never have given birth to the definitions put forth by him of homœopathists, lay and medical: " Those who practise homœopathy are knaves, and those who employ them are fools." What *is* Dr. Copland?

but the trachea must concur with it with a general assent, by some inflexion, expansion, or contraction of its own. The trachea has likewise to adapt itself to every motion of the gullet, the pharynx, the palate, and the tongue; again to every bend of the neck: in a word, to all the actions of the muscles, not only of this region, but of the thorax, and sometimes of the abdomen."—(*Regnum Animale*, p. 96, vol. ii.)

283. Any impediment to these actions will tend to cause a disturbance of the functions of these parts, and by consequence impeding the free action of the lungs, will tend to the production of lung weakness, thus favouring the development of the cachexia condition, associated with tubercular disease.

284. It is in this way, in fact, that *spinal curvature* tends to the promotion of Phthisis; the curvature of necessity causing an impediment to the free expansion of the lungs, and thus producing Phthisis.

284 *a*. To Dr Harrison[*] the world is indebted for the demonstration of this fact, he having arrested the progress of several cases of Phthisis by removing, by his simple but highly scientific means, the curvature.

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[*] Highly illustrative of the persecution of all discoverers in science and of all improvers in art, is the fact that Sir Benjamin Brodie denounced Dr. Harrison as a quack; and yet Sir Benjamin Brodie, after twenty-five years' mistaken and destructive practice by employing setons and burning holes in the flesh of the back (moxas), was obliged to acknowledge, but not till his opponent was dead, that his own practice, founded on the idea that curvature of the spine depended on a *caries* of the *bones* of the spine, was built on an error, and that the idea that curvature depended on a displacement of the bones, a *subluxation*, arising from an alteration of the tissue of the ligament binding the bones of the spine together, which Dr. Harrison was the first theoretically to put forth and practically to establish, is the true one.

285. In connexion with the impediment to breathing produced by lacing too tight, by tying neckcloths too tight, by deviations of the spinal column, stands another fact, namely, the injury for a *stooping gait.*

286. The poet of antiquity, OVID, points out with great beauty the fact, that God gave to man the countenance to be raised to heaven: "Os homini sublime dedit;" that is, that man's thoughts as well as his countenance, when he attains the true dignity of a man, should be erect,—that he should look upwards.

287. Great is the benefit to his breathing when he thus looks upwards. It allows the free expanse of his chest, and, by consequence, the full dilatation of his lungs, thus allowing the free circulation of the blood through the vessels of the lungs, and thus admitting the proper change in the blood being effected by this unrestrained circulation.

288. There is an immensity connected with this erectness. It realizes in lung health what the writer's friend, Mr H. Wainewright, a clergyman though without clericism (may he long preserve his simplicity), has depicted in the following statement:*—

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* "My dear Friend,—The experiments I saw respecting mesmerism illustrated this fact, that the mesmeric state is not induced by any influence exercised upon the patient by the practitioner.

"Mr. Braid conducted the experiments. He disclaims for his theory the name of mesmerism, and gives to it the name of hypnotism, from *ὕπνος*, sleep. He proves that the patient is able to hypnotize himself. He placed a woman in a chair and told her to look at her finger, at the same time she held her head back. In about a minute she was completely gone. He remarked that it was one of the peculiar features of this hypnotic state, that any idea suggested to the mind of the patient became a present reality. In proof he folded up her apron into the form of a child, and asked her what it was? She replied a baby, a nice one, but very young. He then told her she was mistaken, it was a monkey; she immediately put it from her with symptoms of dread mingled with disgust. He repeated many experiments in this way, all attended by the same

289. In conclusion, any mechanical impediments in connexion with the chest, tending to the production of hurried or impeded breathing, such as working, leaning against a desk, &c., must favour the development of this lung debility, because they tend to produce an incompleteness of action between the blood and the air, *i. e.* between the air, the *nourisher*, and the blood, the *nourished.*

289 *a.* It is well known in regard to the passage of the food through the intestinal tube, that a certain time must be allowed for this passage; so that the nutritive portions of the food may be allowed to come in contact with the tissue of the intestinal tube, between which and the nutritive particles there is a mutual action necessary to perfect the food, just as there is the action between the air tissue and the

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result. Another remarkable feature in this singular condition is, that everything upward and heavenward is associated in the patient's mind with the beautiful, the pleasant, and agreeable; whilst everything downward is gloomy and sad. The same result is obtained by either opening or contracting the brow. Thus, when the head was upwards and looking towards the sky, when the patient was asked her age, she immediately replied twenty-three, and upon the head being bent forwards so that she looked down, she said in a very pitiful tone, in reply to the same question, eighty. Again, when asked about her own appearance, with her head held up and an open brow, she thought she was attractive and good looking; but with the head depressed and the contracted brow, she thought she was uninteresting and plain. Again, he placed her upon her knees, and in a few minutes she began to pray in a most beautiful and rapturous manner; she was not told to do so, but the placing her upon her knees seemed to prompt the idea of devotion.

"I must here say that she is a very good woman, and therefore accustomed to such religious exercises. When the prayer was over, during which the tears trickled down her cheeks, her head was raised so that she looked upward, she was asked what she saw? She said, with joy beaming on her countenance, she saw heaven. The head was then bent forward, and with most distressing anguish, she replied to the same question, that she saw hell. The same answers were received by the opening or contracting of the brow without the moving of the head."

blood tissue in the lungs, necessary to effect the proper change in the blood.

"The food is taken into the mouth, there to be cut, torn, and ground, to be mixed with the salivary fluids, to be acted upon by the tongue: thence it is passed under the hanging veil of the palate into the pharynx, there to be mixed with the mucus of the pharynx, and to be carried by the muscular actions of the pharynx and of the œsophagus or gullet into the stomach. In the stomach it is subjected to the various actions already so fully described, being mixed with the gastric juice, and being there aided by the heat and the motions of the stomach, is converted into chyme: from the stomach the chyme is passed through the pylorus into the duodenum, there to be mixed with the bile and the sweatbread juice, and to be converted into chyle, portions of which are taken up by the lacteals of the duodenum. The two portions, the nutritive and the non-nutritive, of the contents of the duodenum, are expelled by the motions of the duodenum into the jejunum. This intestine receives the materials, rolls them outward, selecting from them the chyle, the intestine in its motions applying the materials to the innumerable pores, the openings of the chyliferous vessels. This intestine seems to carry on its contents with great rapidity, hence, as already explained, it is generally found empty (jejune). The ileum receives the materials passed into it from the jejunum, and imbibes the chyloid drainings and juices. The spiral forms, which this intestine makes in its motions, are more frequent, and the gyrelike movements are shorter: and from this it may be that the convolutions of this intestine are specially liable to become knotted together, constituting the disease called ileus, also the iliac passion, in which the vermicular motion of the intestine is arrested.

" The cœcum is connected with the ileum above and with the colon beneath : it is the common hall, the place of meeting of these two intestines : the goal of the gyratory course of the small intestines, and the starting point of the outward career of the large intestines.

" Every time the ileum expands it forces its extremity and its contents into this cup-like intestine ; and the colon moving up to meet it, receives and swallows its ejections. The valve of the colon opens and shuts the door, and also guards against and forcibly prevents the reflux of materials from the lower into the higher intestines. The colon, which, as already noticed, has a greater size and a greater thickness of coats and strong ligaments, channelling the intestine itself into great furrows, has these structures to enable it to act powerfully on the materials that pass into it, so as to extract everything extractable from these materials, and to be able to propel the contents to the rectum. The rectum was noticed as being supplied with powerful muscles, which enable it to expel the hardened fæces, deprived by this time of all nutritive particles ; and these being expelled, the sphincter muscle closes the anal aperture.

" The history of the process of absorption of the chyle, the history of the movements of the intestinal tube, the history of the various valves in the various parts of the intestinal tube, sufficiently demonstrate that the contents of the intestinal tube should pass slowly and regularly through the tube itself. Any rapidity of transit of these contents must of necessity prevent the absorption of the chyle, must produce irregularity in the movements of the tube itself, must prevent a proper admixture with the various juices that are poured into the tube, and must, as inducing all these deviations, cause irritation of the tube itself, and thus affect the general system, and, by consequence, the health. As purgatives produce this rapidity of transit, their injuriousness is apparent."—*Constipation, its Theory and Cure*, by JOHN EPPS, M. D.

290. May it not be inferred, that if a certain time is required for the intestinal tube to obtain from the food taken all the nutritive matter therein, effecting at the same time the necessary changes in that nutritive matter, and if, further, hurrying the contents of the bowels through the bowels causes injury and weakness consequent thereupon, a certain time is also required to enable the blood, exposed to the air in the lungs, to undergo the requisite changes.

291. When the breathing is hurried, the requisite changes in the blood cannot take place, and the blood not being perfected, must produce a lung weakness. This want of duration in respect to the contact of the blood with the air, has, the writer believes, a most important action in connexion with the production of that state of the lung tissue necessary to cause the phthisical cachexia to be awakened into destructive activity.

SECTION III.—*On the Development of the Weakenss necessary to the Awakening into Activity tubercular Phthisis in Connexion with the Condition of* EXCESS *of Activity of the Lung System.*

292. A third source whence the debility necessary to cause the phthisical cachexia to be called into ac-

tion, is connected with conditions which induce special alterations in the pulmonary tissue itself.

293. Conjoined with the existence of tubercle is a state of the lung blood tissue, in which the vessels of this tissue become loaded by a peculiar condition of the tissue itself, independent of any external impeding cause, to be defined as "congestive,"* for want of a better term: a state in which the tissue is affected unnaturally by the quantity of blood existing in the tissue, that abnormal condition being preceded by an abnormal modification of the *tissue itself.*

294. Anything tending to render permanent this condition of the blood-vessels, or to add to its amount, must be highly injurious, and will lead to the development of debility in the lung tissue, thus awakening the tubercular cachexia into activity.

295. This agency will be rendered more clear by a

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* How apposite are the remarks of Dr. Currie in his work, *Medical Reports on the Effects of Cold Water*, Pref. p. viii. ix.:—"I have guarded against the unnecessary use of technical as well as of general expressions. It were better perhaps that medicine, like other branches of natural knowledge, were brought from its hiding-place, and exhibited in the simplicity of science and the nakedness of truth. If it had been in my choice I would not have adopted the language of theory, like Boerhaave or Sydenham, but have exhibited a medical work in the phraseology that Bacon, had he lived in our days, might have used. Unfortunately, in the present state of medical knowledge, wholly to avoid the language of theory is impossible. The corruptions of false doctrines must remain more or less in our phraseology, after the doctrines themselves are exploded; since custom has rendered the expressions in which they are found intelligible, and human sagacity has not yet discovered those first principles of living motion by which the doctrines and the language of physiology might at once be reformed. Hence the term *reaction* is applied to certain motions of life, though in a sense very different from that in which it is used in the science of inanimate motion, from which it is borrowed; and such words as *tone* will still be found in the following pages, though the theory that introduced them into medicine be universally abandoned. The use of such expressions is however an evil, justified only by necessity; and I have endeavoured to avoid it as much as lay in my power."

short description of the action of cold applied to the surface of the body.

295 *a.* When cold is applied to the surface, say it is cold water, a rush of the blood takes place from the surface to the interior organs of the body.

295 *b.* If the whole of the interior organs of the body are healthy, a reaction takes place from the interior to the exterior, a genial warmth is caused by the blood returning to the surface, and health is promoted by this double action.

295 *c.* If, on the other hand, some internal organ is not in its healthy state, then the rush of blood affecting this organ acts so as to cause the reaction not to perfect itself in relation to other organs, and a chill results, simply because the system has not, in relation to the unhealthy organ, the power of causing the genial reaction.

295 *d.* In this case the organ, *i. e.* the unhealthy organ, has a state of its tissue brought about which favours the development of any disease which hitherto has been lying dormant in it.

295 *e.* The following interesting facts recorded by Dr. Currie gives indirectly a very graphic picture of the conditions occurring under somewhat similar circumstances.

" On the 1st September 1778, two students of medicine at Edinburgh set out on foot on a journey, a considerable part of which lay along one of the rivers of Scotland. They started by sunrise, and proceeded with alacrity in the cool of the morning. At the end of eight miles they breakfasted, rested for an hour, and then resumed their journey. The day grew warm as it advanced, and after a march of eight miles more, they arrived heated, but not fatigued, on the banks of the river above mentioned about eleven in the forenoon. Urged by the fervour of the day, and tempted by the beauty of the stream, they stripped instantly, and threw themselves into the river. The utmost refreshment followed, and when they retired to the neighbouring inn, this was succeeded by a disposition to sleep, which they indulged. In the afternoon they proceeded, and travelling sixteen miles farther at a single stretch, arrived at the inn where they were to sleep a little after sunset. The afternoon had been warm, and they perspired profusely; but the evening was temperate and rather cool. They had travelled for some miles slowly, and arrived at the end of their journey stiffened and wearied with their exercise.

"The refreshment which they had experienced in the morning from bathing, induced, however, one of them to repeat the experiment, and he went perfectly cool into the same river, expecting to relax his limbs in the water, and afterwards to enjoy profound sleep. The consequences were very different. The Tweed, which was so refreshing in the morning, now felt extremely cold; and he left the water hastily. No genial glow succeeded, but a feverish chill remained for some time, with small frequent pulse, and flying pains over the body. Warm liquids and friction brought on at length considerable heat, and towards morning perspiration and sleep followed. Next day about noon they proceeded on foot, but the traveller who had bathed was extremely feeble; and though they had to perform a journey of a single stage only, as some part of it was difficult and mountainous, he was obliged to take the assistance of a carriage which overtook them on the road. It was several days before he recovered his usual vigour."—(P. 120, lib. cit.)

296. Suppose this student had had a phthisical cachexia, the action produced by the second bathing would have caused the development of Phthisis, *i. e.* the conditions induced in the lungs by the want of reaction would have called into activity the dormant phthisical cachexia, and Phthisis would then have been the result.

297. Great cold and great heat are both productive of these lung congestions, and are both productive of this awakening into activity of a phthisical cachexia.

298. In regard to lung diseases generally, facts unnumbered prove that every variation in the temperature of the atmosphere, more especially towards the point of coldness, produces a great number of fatal lung diseases. The Reports of the Registrar General prove this. The following facts are selected from these Reports.

298 *a.* In the week ending October 30, 1858, the deaths were 1133, and the mean temperature of the week was 47.2°. In this week 132 died of Phthisis.

In the week ending November 6, the deaths were 1217; the mean temperature of week was 43.3°, which is 2.7° below the average of the same week in 43 years. On Monday, the coldest day, the mean temperature was 8.0° below the average; the thermometer ranged from its lowest point, 28.2°, on Monday, to its *highest* point, 54°, on Wednesday; 141 persons died of Phthisis.

In the week ending November 13, 1858, the weekly mean temperature was only 39°. The deaths amounted to 1349. The diseases of the respiratory organs increased, being in the previous weeks 250, in this week 310. It is curious that Phthisis decreased in this week from 141 to 131.

In the week ending November 20, 1858, the weather was still colder, the mean temperature being 35.5°. The deaths this week were 1487, whereas the deaths ought to have been, according to the rate of population, 1192. The deaths from Phthisis this week rose from 131 to 166.

In the week ending November 27, 1858, the mean temperature rose again to 37.4°. The deaths in this week were 1803. The number that died of Phthisis this week were 190°.

This week had a peculiarity. On Wednesday the lowest point of the thermometer was 20.5°, on Friday the highest point was 58°;

So that it seems the sudden transition had an effect on phthisical affections.

298 *b*. It will be found that great heat has a powerful effect on the phthisical.

In the week ending June 5, 1858, the mean temperature 66.2°, which exceeds by nearly 10° the average of the same week in 43 years, the deaths from Phthisis were 147.

In the week ending May 29, 1858, the mean temperature was 53.9°, which is 0.9° below the average for the same week in 43 years. The week before, the mean temperature was above the average. The deaths from Phthisis on the 29th May 1858 had amounted to 169; the week before only 117.

In the week ending June 12, the mean temperature being 63.8°, the deaths from Phthisis, though less than in the previous week, when the mean temperature was 66.2°, amounted to 151.

298 *c*. Other illustrations might be given, but these are quite sufficient to illustrate the view put forth, that great heat and great cold, and more particularly

sudden changes, cause those congestions of the lung tissue which tend to hasten to a fatal termination phthisical diseases.

299. The cold acts in producing a rush of blood to the lung tissue, and the lung not being in a healthy state, it has not power to effect a perfect freedom of its tissue from the increased flow of blood received into it, *i. e.* a full reaction; and disease develops itself, and if a phthisical cachexia exists, Phthisis becomes developed.

299 *a.* Illustrative of the peculiar condition of the lung-blood tissue in cases where the phthisical cachexia exists, the fact is worthy of notice, that in these cases the early manifestation of its activity very frequently consists in a discharge of blood from the lungs; *i. e.* the vessels are in so peculiar a state of delicacy, that, to relieve themselves from the congestion induced by the action of the cold, they are obliged to effect this by a discharge of blood.

299 *b.* The same happens where great heat has caused the active congestion, although in this case the modification of the congestion is induced by the heat, causing a general increase of circulation, especially affecting the chest, inducing thereat a fulness. In this case, how valuable is aconite! more especially when, in hot weather, people liable to spitting of blood feel a great fulness in the chest.

299 *c.* All these conditions when induced embody a state in which injury is done to the lungs by excess of action in connexion with this organ—not, it may be, an actual excess, but an excess in relation to the peculiar state of the lung tissue in connexion with the cachexia modifying the said tissue.

300. Although in this action the subject of *the*

means for prevention is not strictly under notice, it may be well to point to the circumstance, that these facts and views sufficiently clearly demonstrate that persons who have the phthisical cachexia should be warmly and equably clad.

300 *a*. Flannel or silk, each being a bad conductor, should be worn: in the winter to protect the body from the cold, in the summer from the warmth.* Its power in relation to the former is well known; its power in relation to the latter is exhibited in the fact, that ice is carried about in blankets!

300 *b*. It is alleged, says Dr Elliotson, that formerly in Scotland the people were all dressed in woollen, and Phthisis was rare amongst them; but since they have changed woollen clothing for cotton, the disease has become very prevalent in that country.—(*Good's Study of Medicine*, vol. ii. p. 307.)

In connexion with the injury to the lungs from light clothing, Laennec remarks: "Too light clothing, or the impression of cold when the body is heated, seems in our cities to be the occasional cause of Phthisis in many young persons, whose disease begins with a pulmonary catarrh or pleurisy (tubercles having previously existed.")

301. How many develop the weakness in the lung tissue essential to the awakening of the phthisical cachexia by the foolish practice of having an *open waist-*

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* In our school days, how interested we were in the tale of Dionysius, the tyrant of Syracuse, who being in want of money, and knowing that a statue of Jupiter in the temple was invested with a robe of *gold*, took possession of it, substituting in its place a woollen garment; the royal wag adding for the comfort of Jupiter, that the flannel would keep him *warm* in *winter* and *cold* in *summer;* whereas, added he, the gold must have been very cold in winter and hot in summer.

coat, showing, it is true, a white shirt (a beautiful thing), and, it may be, attractive shirt-studs. It is true the parties thus attired sometimes state that they have flannel underneath; thus acknowledging that their practice is not quite sound. They should remember that they have flannel underneath the parts that are not exposed, and thus the central portion is of necessity more exposed to the cold than are the side parts: indeed the lappets of the coat and the lappets of the waistcoat cover the side parts. Every consumptive person should have a waistcoat buttoned to the chin. Indeed this very abundance of wrapping on the general chest helps to cause a flow of blood in excess to the pulmonary organs, thereby increasing the liability to be affected by the cold.

301 *a*. The very objection which many persons who have the phthisical cachexia make to this wisdom in connexion with covering the chest with a waistcoat buttoning to the chin is, that they feel such an investiture too tight. This very objection proves the necessity of such clothing to prevent the injury from exposure of the chest to cold, since this very tightness exhibits the existence of a special congestion—declares that there is disease in some of the organs contained in the chest.

302. The production of the debility of the lung tissue is often the result of the congestion, caused by the habit of wearing *thin shoes*, which, by causing a rush of the blood from the lower extremities to the interior organs of the body, creates congestions in these organs, and thus, in those phthisically cachexied, injuriously affect the lung tissue, and awaken the diseased part into activity.

302 *a*. How many a beautiful girl has had Phthisis

developed by walking from the ball-room and delaying in the cold stone hall, and then walking to and from her carriage; or perhaps, if in the country, running a few hundred paces home. The system has been weakened by the fatigues and the excitement of the dancing and of the warm ball-room: a rush of blood on the interior organs is caused by the colded feet: the power of creating a reaction has been diminished by that exhaustion, caused as stated: active disease is developed, and, at the next annual gathering, the star of the party is not met with—she is in her grave.

302 *b*. It must not be inferred that these results are to be gained only in connexion with the *ball-room:* they are to be met with as frequently in connexion with the crowded church or chapel. Persons going out in the cold streets, after being excited and made hot within the walls of a building deemed by many to be specially under the Divine protection, have oftentimes the foundation laid of Phthisis: This demonstrating that the Divine Parent, while He has appointed a law for the worshippers "not forsaking the assembling of themselves together," has appointed also certain *natural* laws which regulate the physical condition, under which alone such assembling can be physically safe.*

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* The writer was treating with great success a young female for epilepsy. She had been free of fits for a length of time, when, belonging to the Wesleyan sect, she followed the practice of the fashionable world of turning night into day and day into night, going to chapel to sing the old year out and the new year in. The consequence was that she had a severe fit the mid-day of the new-year's day: that is, in obeying what she deemed a *religious* law, she disobeyed a *natural*, and received the punishment.

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303. It has been imagined by many, that *inflammation of the lungs* is a state which has a tendency to cause the lung weakness favourable to the development of the phthisical cachexia.

304. Fortunately this view does not seem to be correct. Our evidence of its incorrectness is exhibited in the fact, that inflammation of the lungs attacks frequently the robust and the broad-chested: and such persons are fabricked quite differently from those who are predisposed to tubercular formation and degeneracy, such persons being for the most part delicate and narrow-chested.

305. It is not to be denied, that tubercular Phthisis does follow inflammation of the lungs in some cases; but this, in many such cases, *i. e.* so originating, is developed not so much if at all from the inflammation of the lungs simply as from the extensive *depletion of blood*, — a mode of remedial treatment formerly so much employed in the treatment of lung inflammation; for whatever weakens, favours the degeneracy of tubercles, if tubercles are present.

306. Another evidence, that lung inflammation does not predispose to tubercle, is found in the fact, that in lung inflammation the changes connected with the disease mostly commence in, and are mostly confined to, the *lower* part of the lungs, which is not the case in tubercular Phthisis; this, though affecting the lungs generally, affecting more frequently, at least at the first, the *upper* part of the lung: phthisical patients generally complain of pain at the upper part of the lung.

307. The results from lung inflammation not cured,

though the most prominent symptoms have been removed by bleeding, may favour, as already intimated, the development of states which tend to the production of Phthisis; so also may the results from the inflammation of the *rib skin* (costal pleura), and of the *lung skin* (pulmonary pleura), *i. e.* pleurisy (*pleuritis*): since it is not at all difficult to understand that, if these two tissues, which, in a healthy state, move one upon the other, lying in close contact, become adherent, as oftentimes they do after inflammation, the impediment thus caused to the free action of the lungs may tend to the production of lung debility, more especially if bleeding has been employed in the treatment.

308. In relation to the injurious action of bleeding, the following facts are worthy of being rescued from oblivion :—

"A quantity of tubercles were formed in the lungs of the pugilist Byrne, who, notwithstanding copious and repeated bleedings, died a few days after a fight. Previous to fighting, the pugilist trains so as to bring himself into a state of health and strength above par, and thus, it may be inferred, that the lungs were in good health at the time. How, then, did these tubercles develop themselves? Was it not from the debility induced by the repeated bleedings?"—*Tyrrell.*

309. No doubt now exists, that the old system antiphlogistic treatment (and the lowest of all vulgar practice is the mechanical treatment of drawing blood, since any farrier can order and do this as well as the best physician) tends to the production of weakness, and thus, in persons affected with the phthisical cachexia, originates the lung weakness essential to the production of Phthisis.

310. How glorious does homœopathy show itself in this, that by its therapeutic means it removes the condition, deemed by the old system practitioners suited to their so called antiphlogistic measures, without any loss to the constitution. Hence the homœopathic treatment needs no wine, no beer, no stimulants. The enlightened homœopathists (there are many unenlightened ones) know that wherever there is debility there is disease; and that the true, indeed the only method of curing the debility, is to cure the disease.

SECTION IV.—*On some other Sources of the Weakness necessary to the Awakening into Activity Tubercular Phthisis.*

311. It may be useful to refer to a few other sources of the debility which may give rise to those conditions in the lung tissue tending to develop the tubercular cachexia into activity.

312. Another source of that lung weakness which is essential to the awakening the tubercle into activity is *rapidity of growth.*

313. It seems to be a law in nature that rapidity of growth is attended with delicacy. Who has not recognised the difference between the oak and the poplar? A poplar tree is healthy as well as the oak; but its strength is less.

314. Still, it is not to be supposed that mere rapidity of growth is causative of the weakness of lung connected with the development of the tubercular cachexia, since such a supposition would imply that the Creator

has put a ban on tall people. The reason why persons who have rapidly become tall are liable to consumption, is to be found in this, that the very constitutional condition essential to this sudden development of the body, is one which is associated with the conditions forming part of the tubercular cachexia. It is one circumstance among many: but if there is no tubercular cachexia, mere rapidity of growth will never engender Phthisis; but it engenders a debility which renders the awakening of disease already existing in a tissue extremely likely to occur: hence, if the tubercular cachexia exists, such rapidity of growth will favour the development of active disease in the tubercle.

314 *a*. Here again shines forth the glory of homœopathy. The old system physic can do nothing *medically* in these cases but what is in the majority of cases mischievous. The old system gives its *tonics*, as the medicines are ignorantly named: for what medicines can be tonic? All medicines are poisons: it is true, when medicines cure disease they improve the strength, by removing the disease which caused the debility. But in many cases these tonics very often cause that degree of excitation of the nervous and the blood-vessel systems, which favour the development of that action in the altered tissue of the lungs essential to the awakening into activity the tubercular degeneracy.

314 *b*. Homœopathy, on the other hand, presents medicines which, having a pathogenesis corresponding to the symptoms which are produced in connexion with the injurious action of rapid growth, enables the homœopathic practitioner, in exhibiting these conditions, to prevent the development into activity of the phthisical cachexia, and thus saves the individual. Among these medicines Calcarea stands pre-eminent.

315. Another source of the debility necessary to cause the awakening into activity of the lung tubercle is supposed to be connected especially with a diseased state of the stomach.

316. Drunkards, Dr. Wilson Philip observes, at that time of life which disposes to Phthisis, frequently fall a sacrifice to this form of the disease; and those who have been long subject to severe attacks of dyspepsia, and what are called bilious complaints, are liable to it.—*Transactions of the Medico Chirurgical Society*, vol. vii. p. 499.

317. This Phthisis Dr. Philip designated as *Digestive Phthisis*, regarding it as a distinct species; but such an estimate is not a correct one, and the action of the diseased stomach can be regarded only as productive of a debility which, either when a tubercular cachexia exists, or has already commenced its inroads, will tend to cause that cachexia to assume a morbid activity, and thus call forth tubercular Phthisis.

318. Indeed, so far from drunkenness being commonly a source of Phthisis, it more generally causes the development of disease in other tissues. The serous tissues are those on which the injurious action of intoxicating stimulating drinks is exhibited: a result easily explained, since these stimuli cause an increased action of the arterial vessels, which at last disturbs the harmony and the balance of action between these vessels and the venous vessels, and, in like order, disturbs the harmony between the secreting capillaries and the absorbing capillaries, and dropsy is the result of such disturbance: very frequently, in the bag surrounding the heart, the heart having been called into excessive and irregular activity by the conditions of life associated with those who profess to live a short

life and a merry one: (sad indeed are they when the merry one indicates by the hurried breathing, the swollen and earthy yellow countenance, the dropsied legs, the inability to lie down, that the shortness is near its realization.) Forty-five is the age at which such persons generally pass away.

319. In connexion with this injurious action of passion already detailed in a preceding section, it is to be remembered that the lung weakness is often developed under the excitement of the depressing passions, of strong and of long continuance.

319 *a*. How commonly is Phthisis associated by the many with disappointed love. How often does the victim of affection, victimized by some profligate, pay the penalty of her trust by a slow pining away—ending in the development of the dormant tubercle, causing death. These general beliefs have always some truth in them.

319 *b*. The views and the facts already brought forward, and those to be brought forward, will demonstrate the necessity on the part of all those who have, or think they have, a predisposition to Phthisis, to regard carefully all their proceedings, to avoid all circumstances which may tend to develop this lung weakness; being assured that with care, aided by the occasional use of remedies suited to remove the special cachexia, they will be enabled to resist the attack of Phthisis, and pass from this scene of existence, so far as Phthisis is concerned, at a good old age.

CHAPTER VI.

ON THE PREVALENT IDEAS RESPECTING THE INCURABILITY OF PHTHISIS.

320. In the cure of Phthisis two points deserve attention; the first is the special cachexia with which the disease is in each case conjoined; the second embraces the conditions resulting from the development of this special cachexia, these conditions manifesting themselves by positive symptoms; which, besides presenting the general characters of the Phthisis, exhibit those special to each cachexia; thus, in relation to cure, constituting each Phthisis a special Phthisis.

321. It is to the existence of the homœopathic pathogenesis (for which, as already detailed, the world is indebted to Hahnemann and his followers), that the great truth, on which alone the scientific treatment of Phthisis can be founded is deducible. Till the discovery that each medicine has its special pathogenesis, the other truth, that each phthisical case is the product of a special cachexia, could not have been scientifically or curatively recognised. Hence, all old

system writers write respecting *a* tubercular cachexia: the enlightened homœopathist proclaims that there are numerous tubercular cachexiæ, and to the effecting a cure of these, when awakened into activity, the homœopathist must find the pathogenesis, which in its details exhibits exact similitudes to the symptoms present in each individual Phthisis.

322. The correctness of this view will appear with peculiar force when the features of each cachexia are marked out, which marking out will be found in a subsequent chapter.

323. This view ought to arrest the attention of those allopathic and pseudo-homœopathic practitioners who give cod liver oil to every phthisical patient; for, even allowing that cachexia may exist associated with Phthisis, to which cod liver oil is, or rather the active dynamized principles in cod liver oil are, correspondent, such cachexia is only one among many. How grossly unscientific, how far from "rational," must be the administration of this oil to *all* phthisical patients.

324. No well, *i. e.* scientifically, founded expectation of the cure of Phthisis can be admitted, unless resting upon the removal of the special cachexia.

325. An analogy exists between the condition associated with the various forms of Phthisis, and the conditions associated with *dropsical* effusion. Who knows not that the mere mechanical removal of the fluid in dropsy does not remove the disease? Who knows not that the medicine which will effect a removal of the fluid in one case of dropsy, will have no effect in removing the fluid in another case of dropsy? this difference of effect resulting from the circumstance, that the cachexial condition associated with the drop-

sical effusion in the one case is quite distinct from the cachexial condition associated with the effusion in the other case.

325 *a*. As Dr. Jeanes judiciously remarks :—

" This connexion of visceral disorder and dropsy should also induce us not to bestow too much attention on the latter disease to the neglect of the other symptoms, which are frequently of primary importance. This is a mistake frequently made, and those means which promise to remove the symptom which is the most troublesome and afflicting to the patient, are sought for with avidity. That remedies thus employed, incapable of abating or removing the morbid actions, the primary source of the effusion, should produce only temporary palliation, and oftentimes not effect even this, is only what might be rationally expected, and what daily experience proves."—(*Homœopathic Medicine*, p. 91.)

326. The want of the recognition of these facts, viz. the existence of special cachexiæ, and the existence of remedies which, on account of their special pathogenesis, are curative of these special cachexiæ, will explain why those physicians *best acquainted* with the *pathological* conditions of Phthisis, have *no* faith in the curability of Phthisis by medicine.

327. Laennec states :—

" The cure of Phthisis, although possible for *nature*, is *not* for *medicine*,"—a dogma painfully illustrative of the recognition by Laennec of the total inefficacy of curative means, and yet at the same time putting forth an absurdity, that nature unaided is more powerful than nature aided ; since medicine, if worth anything, is only so as aidful of nature.

327 *a*. It is *medicine* that must cure Phthisis. Na-

ture acts, but her action, to be effective, must be regulated by the agency of medicines. The fable of Gellert comes most opportunely: it is thus embodied:—

"Nature, in reference to the cure of disease, is blind: man by himself, in reference to the cure of disease, is lame. A fable of Gellert's gives the history of two men who wanted to reach the same place: the one was blind, the other was lame. They discussed how they should reach the place. The blind man lamented that he could not *see* the way, the lame man that he could not *walk* the way. They consulted together: the lame man suggested to the blind man to let him mount the blind man's back, and then he could guide him to their mutual destination. The blind man consented, and they both arrived in safety."—(*Homœopathy and its Principles explained*, by John Epps, M. D., p. 142.)

328. The alleged incurability of Phthisis is the declaration of an error. It is the creation of an impossibility out of a difficulty. Its promulgation as a truth, which it is not, realizes practically what Lord Bacon has so well expressed thus:—

"Therefore I will not doubt to note as a deficience, that they inquire not the perfect cure of many diseases, or extremities of diseases; but pronouncing them incurable, *do enact* A LAW OF NEGLECT, and exempt ignorance from discredit."

329. All will allow that Phthisis is very difficult of cure; and the fact of the belief in the impossibility of cure being so generally prevalent, is a demonstrative proof that medical men have not realized the cure: this being realizable only by the more carefully conducted study of the curative powers of medicines in accordance with the homœopathic law.

330. One difficulty connected with the cure of Phthisis is connected with this, that almost all writers who have studied the change of structure connected with tubercular Phthisis have noticed, that, when the tubercles begin to suppurate, *fresh tubercles* form rapidly.

331. It is not denied that this disease is still the opprobrium of the medical art; even now, years after the discovery of the circulation of the blood, just as much as it was two thousand years before the discovery. One might suppose that this mighty discovery ought to have led to great results in relation to the treatment of disease in an organ such as the lungs, with which the circulation of the blood has so much to do.

332. It is true,—

That every great was at first but little, and has risen to importance and maturity by constant and almost imperceptible additions; yet the reflection comes with sadness before the mind, that notwithstanding the great amount of knowledge, both in regard to the doctrine of the *natural* action of the living principle (Physiology), and in regard to the doctrine of the *morbid* action of the living principle (Pathology) gained within the last two centuries, the progress of the doctrine concerning the treatment and the cure of disease (Therapeutics) has been so little: indeed, with a few exceptions, most of the discoveries in medicine were, till the time of Hahnemann, the results of simple accident; and in regard to the treatment of Phthisis, all that medical men have contributed, giving them their favourite cod liver oil, is,—

" To promise returning health when it could not be restored, to flatter misery with expectation of relief, to sow the seeds of hope when experience promised nothing but disappointment, to smooth the path which fate had inevitably marked out for its victim."—(*Tyrrell.*)

333. Indeed, notwithstanding all the aid derived from the employment of the microscope in studying the changes in the bodily organs produced by disease, the remarks of Bacon, made in relation to the system of medical practice, apply, when the curative action of old system physic is before the mind, to the treatment of Phthisis:—

"That though, from daily practice, it might be expected that physicians had formed correct rules of treatment, nothing was discovered, on examining their prescriptions, but temporary expedients and perplexity of judgment."—(*Bacon*, lib. i. *De Augment. Scient.*)

333 *a.* Such has been the case, though *a priori* it might have been expected, that of all the improved arts the medical, from its antiquity, its importance, and, what is more, its necessity, would be

"The first on the very first line, and that the finite power of man would, long since, have reached the goal, at which investigation and inquiry might halt."—(*Tyrrell.*)

334. That such results have not been arrived at is well known: to the homœopathist the reason of such non-arrival is also well known. Such reason exists not in any want of industry on the part of the industrious men attached to the old system practice; but is to be found in the circumstance, that *that* industry was not well *directed:* and the cause of its not being well directed is to be found in the fact, that the old system practitioner was destitute of the knowledge of the LAW regulating the action of medicines, the law

propounded by Hahnemann, *Similia similibus curantur:* a law implying another knowledge to have been attained to, viz.—that the powers of medicine must be learned by experiments on the *healthy.*

335. Medical industry, from this cause, has been labour misdirected; knowledge, which has not found the right way for its application; *knowledge* not yet become *wisdom.*

336. The query occurs, How does *the* HOMŒOPATHIC *treatment of Phthisis* bear on the point of its CURABILITY?

337. It gives ground of legitimate hope, because it enables the practitioner, who has studied the disease-producing power of medicines upon the healthy, to apply to the cure of a case of Phthisis, with the certainty of a law, the medicine which has the power of producing phenomena similar to the symptoms which are exhibited in the case under treatment; and it further, by teaching the homœopathic practitioner that the various pathogenetic effects of various remedies correspond to the varying symptoms of the various cases of Phthisis, extends the power of curative action to the widest possible extent.

338. Hence it happens that Hahnemann, by his labours both in ascertaining the pure effects of medicines and in discovering the law regulating their actions on disease, enables the members of the medical profession, when bowing, as bow they must (the public will compel) to the grandeur of Hahnemann's genius, and to the utility of Hahnemann's discoveries and observations, to fulfil what Cullen predicted:—

" I have often regretted the impotency of physic in consumption, and I have often wished to improve this part of our art. I do not despair of a remedy being found hereafter: there is no satisfaction to be derived from books."

339. The basis on which the homœopathic treatment of Phthisis rests its superiority, admits of an additional illustration:—

339 *a.* The homœopathic use of medicines cures the disease of worms, after the ineffective employment by the old system of violent purging by scammony, aloes, calomel, turpentine, &c. &c., and this cure is effected by the medicines, because acting homœopathically in removing the intestinal cachexia which favours the generation of worms. The rudiments of worms exist in most; but unless the worm-producing cachexia exists, the worms lie dormant: if the cachexia exists, all the purging that can be practised will never remove the worms; whereas, when the intestinal cachexia is cured, the worms formed are expelled, having no appropriate developing conditions, and no others are called into existence.

339 *b.* And, further, as the worm cachexia varies in relation to each worm, so the medicines having the power of producing phenomena, homœopathic to the symptoms of each, will act curatively in relation to the removal of each species of worm, and of the symptoms thence arising.

339 *c.* To conclude. Homœopathy opens up the legitimately founded hope of the cure of Phthisis; legitimately founded, first, because homœopathy presents a law, by which the action of medicines on the diseased body is regulated: a law which makes it certain that, if a medicine can be found which has the power of producing symptoms similar to those present in the disease, it will cure the disease so medicinally homœopathized: second, because homœopathy pre-

sents, by the vicarious sufferings of Hahnemann and his followers, a knowledge of the pure effects of medicines: and, third, because the law being true, and the knowledge of medicines being sufficiently extended as to embrace medicines which produce pathogenetic effects, which cover, *i. e.*, homœopathize, the special phenomena present in every special case of Phthisis, the use of such medicines must be curative.

339 *d.* These views present very high ground: the justification of them will be found in the facts and the views promulgated in the next chapter.

CHAPTER VII.

ON THE TREATMENT OF PHTHISIS.

SECTION I.—*Some Remarks on the Plan adopted.*

340. The consideration of this, the ultimate object towards which all the preceding investigations, facts, and views tend, will be worked out in reference to the action of medicines in connexion with the various stages of the phthisical disease.

341. Such consideration, to be complete, will require a notice of all the symptoms which occur in the latent and the premonitory stage, the first, the second, and the third stages of Phthisis, and the affixation to each symptom, group or groups of symptoms, the individual remedy or remedies: a labour not slight.

342. Great have been the difficulties which the writer has met with in completing this chapter.

342 *a.* Various have been the plans that he attempted in order to bring the immense mass of material into an order that would be sufficiently lucid to enable others to understand the views and the facts introduced.

342 *b*. After much consideration, the writer has adopted the plan now presented to the reader. He has taken one medicine, CALCAREA, the most effective, as evidenced by its pathogenesis (note to *c*. page vi. Preface), in curing the cachexia most commonly associated with Phthisis; and so effective, because the individualities of its pathogenesis correspond most minutely to the indications present in *the* cachexia most commonly associated with this disease. In other words, the law, SIMILIA SIMILIBUS CURANTUR, has an application most general and most special in connexion with this remedy and the phthisical disease.

343. To go through all the phenomena of the different stages under which Phthisis presents itself, and to combine therewith the effects of the medicine, and thus to show the similitudes between the phenomena of the disease and the pathogenetic effects of the medicine, will be to give to the treatment of Phthisis a rational, a scientific character.

344. After having established this relationship of similitude between the pathogenetic effects of Calcarea and the symptoms of the phthisical disease, the same process will be pursued in connexion with another medicine, LYCOPODIUM, and thus will be discovered the special symptoms of another phthisical cachexia, and the adaptability of Lycopodium to these symptoms, these being placed in the relationship of similitude to the pathogenetic effects of Lycopodium. Thus the Lycopodium cachexia will be worked out.

345. The same course will be followed with each succeeding medicine, until the chief medicines having the relationship of similitude to the various phthisical cachexiæ will be worked through.

346. The labour required in effecting these exami-

nations and applications has been enormous, and the writer feels that, with all his labour, the work is still imperfect. Still he thinks he may claim this: viz. the having suggested a course which, others pursuing, will enable them effectively to work out the deliverance of the medical art from the opprobrium hitherto attached to it, of not being able to cope with Phthisis. The writer is quite sure that the course laid down is the right one, and he will be glad of any facts from others which may help to complete the application of the law *S. S. C.* in the use of the medicines homœopathic to the various cases of Phthisis.

347. In carrying out the course stated, it appears to the writer that it will be beneficial, as opportunities occur, to notice the character of the old system treatment, *i. e.*, to examine the means which the old system practitioner employs in relation to the symptoms, the homœopathic treatment of which is under description; this both giving an opportunity of showing the superiority of the homœopathic treatment, and demonstrating, with an irresistible clearness, the blindness of the conceit, and in many instances the pharisaical complacency, of the allopathist, who, calling his own system the "rational" system of medicine, thanks the god of his pride that he is not as the poor homœopathic "publican." The comparative view will at the same time exhibit the scientific simplicity of the treatment adopted by the homœopathist, contrasting vividly with the complicated empiricism of the allopathist.

348. Indeed, it is the recognition of the truth, that the homœopathic treatment of Phthisis has for its basis A LAW, which alone could sustain one in going through the labour required in this investigation: the labour, being thus regulated, cannot be lost.

SECTION II.—*On the Treatment of the Premonitory Stage.*

349. Prominent among the phenomena of the premonitory stage is the *bleeding from the nose* (epistaxis) (100).

350. Many medicines produce, as their pathogenetic effect, nose-bleeding; but, of these medicines, two in particular, namely, *Aconite* and *Calcarea*, have a great correspondence with the symptoms attendant upon this symptom of the premonitory stage.

351. Aconite has the power of producing that peculiar *vascular excitation*, designated technically as ERETHRISM, which so generally attends the age of puberty, of which age this nose-bleeding is so common a concomitant.

351 *a*. Aconite, further, is homœopathic to that peculiar sense of fulness of the chest, so common at the age of puberty, more especially so where the conditions of the lungs connected with tubercular disease are present. Thus Aconite produces pathogenetic effects:—

(272.) He feels a weight in the chest: he feels as if the whole chest were being compressed from all sides.

(266.) Oppressive anguish in the cavity of the chest, and oppression in the right side of the chest, afterwards in the whole chest.

351 *b*. Aconite produces as its p. e.:—*

(107.) Bleeding from the nose.

351 *c*. Aconite produces as its pathogenesis all the

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* The contraction p. e. is used for *pathogenetic effect*.

phenomena of inflammation (phlogosis); thus, in the head it produces p. e.:—

(62.) Burning headache, as if the brain were moved about by boiling water.

(66.) Very hot in the whole head towards evening, which then becomes very painful, especially in front, continuing the whole evening (about eleven hours).

In regard to the face, Aconite produces p. e.:—

(70.) Sensation as if the cheeks were much swelled.

In regard to the eyes, aconite produces:—

(91.) Very painful inflammation of the eyes.

(29.) Sensation of the eyes being much swelled.

In regard to the body generally, aconite produces p. e.:—

(375.) Swelling of the part upon which the juice has been laid, and burning heat, succeeded by excessive suppuration.

(376.) Sense as of burning and tingling gradually extends through the whole body, especially through the arms and the feet.

(465.) Towards evening burning heat in the head and face, with redness in the cheeks, and headache pressing from within outward: at the same time chills over the whole body, and thirst.

351 *d.* Now, from these pathogenetic effects, it appears that Aconite will be suited to conditions where the bleeding from the nose, or the bleeding from the lungs, is present in an individual having symptoms of inflammation, or of increased vascular action; and hence, when so continued, Aconite will be curative of such bleeding.

351 *d. a.* Persons so afflicted are particularly liable to fits of fainting, which Aconite produces in the p. e.:—

(454.) Fits of fainting, with chilliness.

351 *e.* Another reason why Aconite is so efficacious in the treatment of this bleeding from the nose, is to be found in the truth embodied in the following practical remarks, made by Hahnemann in his introduction to the pathogenesis of Aconite. Hahnemann states:—

" Aconite is indispensable for females who suffer from fear or contrarieties during the catamenia."

The catamenial discharge has been already shown to be connected with the age of puberty, at which time the bleeding from the nose takes place; hence, from the synchronousness of these two actions, it is certain that Aconite must have an important relationship to conditions of the lungs at this period of life developing themselves.

352. It is, however, in the action of Calcarea that the cure of the cachexia which causes the bleeding of the nose is to be chiefly sought. An examination of the pathogenesis of Calcarea exhibits the following effects in connexion with its power of producing bleeding from the nose:—

(380.) Flowing from the nose of a blackish blood.

(381.) Considerable bleeding of the nose (during ten days).

(382.) Some bleeding of the nose at nights (during ten days).

(383.) Bleeding of the nose early in the morning.

(384.) Violent bleeding of the nose as from a considerable opening of a vein, almost to fainting.

353. Old system physic, which its practitioners have the conceit, as already stated, to designate the rational, puts forth as one of the arguments in justification of bleeding in the premonitory stage of Phthisis, the fact of the occurrence of the bleeding of the nose in this stage of the phthisical disease. It is said by these logicians, See, Nature tries to relieve the patient by causing a discharge of blood: and then they ask, Why should not the medical practitioner follow her example? The reasoning embodies a begging of the whole question, namely, that the bleeding from the arm produced by the lancet is similar to that which nature causes when establishing a bleeding from the nose. Had these men been true logicians,

had they been capable of understanding right reasoning, they would have recognised that this should have been proved at the outset, viz., that the discharge of blood which they cause from the arm is attended with the same conditions as those which attend the bleeding from the nose: they assert but do not prove. Indeed, the bleeding from the nose, as induced by nature, is preceded by a special action of the nervous system in connexion with the vessels of the nose, causing these vessels to appropriate to themselves a proportion of the blood greater than is in a healthful relation to their containing power. A truly rational system of medicine would at once dictate, that the individual who could remove the special action by exhibiting a medicine which will alter the state of the vessels, and of the nerves of the nose, is the only scientific procedure, and that it is pure empiricism, and of the most vulgar kind, which acts on the belief that the removing a certain quantity of the circulating fluid by making an incision in a vein, is an imitation of the beautiful steps of nature.

353 *a.* It is true that Tyrrell relates, when a fat unexercised horse is galloped to what, in sporting phrase, is termed "a stand-still," it will take five minutes or more of perfect rest to reduce the oppressive breathing and congestion thus established; but on opening "the two jugular veins the recovery is *instantaneous:* the equilibrium is at once restored, the quantity of blood in the lungs is diminished, and the volume of air increased."—(*Tyrrell*, p. 46.)

These facts may be granted, but they present no analogy to the conditions connected with the state precursory to Phthisis. The one presents a mechanical obstruction, the other presents a diseased obstruction. Add to this another fact, that the pulmonary system of a horse is very different from that of a man, the horse having eight pulmonary veins, man has four only.

354. Among the phenomena which appear as illustrative of the phthisical cachexia, is the symptom of ulceration of the larynx.

354 *a.* Among the pathogenetic effects of Calcarea stand the following :—

(1015.) The throat (kehle) is raw, especially early in the morning.
(1016.) Rawness of the top of the throat, with pain in swallowing.
(1025.) A piping in the top of the windpipe after lying down.
(1020.) Tickling irritation in the windpipe, which provokes cough.

354 *b.* It will be found, on examining the pathogenesis of nitric acid, that this medicine has a greater homœopathic relationship to this state of the throat than is possessed by Calcarea in its pathogenesis.

355. Among those affected with the phthisical cachexia, an eruptive condition, represented by the *freckle*, is not at all unfrequent: such freckle is often in the summer in most young people when exposed to the country air; but in the phthisical, having the freckle, it is almost constantly present, *i. e.*, whether the individual is in or not in the country.

355 *a.* Calcarea has the power of producing the following p. e. :—

(416.) White spots in the face, with itching.
(419.) Many pimples over the whole face, with bad itching.

355 *b.* It will be found hereafter that the power of

producing freckles belongs more to Lycopodium than to Calcarea.

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356. One striking characteristic of phthisical cachexia is the liability of the individuals, whose constitutions are modified by this cachexia, to *sweat on the slightest exertion.*

356 *a.* Calcarea produces this condition :—

(1616.) Sweat in the day on the slightest exertion.

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357. Another liability exhibited by persons under the influence of the phthisical cachexia, is that of *easily taking cold* (107).

357 *a.* Calcarea has the power of producing this in a marked degree, as is evidenced by the following p. e. :—

(1446.) Great sensitiveness to cold air, the feet feel as if dead.

(1447.) Upon the least cold air being felt, goose skin is produced, both on the upper and lower part of the thigh, so much so as to be painful.

(1451.) Whenever the individual walks in the open air he becomes sad and weeps.

(1452.) Going into the open air produces oppressive headache, at the top part of the head, which continues until he goes to bed.

(1453.) Upon going into the open air there is a visible swelling.

357 *b.* An indication of cold taken is *sneezing:* Calcarea has considerable power in producing this state, as is evidenced by the following p. e. :—

(986.) Frequent sneezing, without running at the nose.

(987.) Sneezing many times daily.

(996.) Stoppage in the head, with much sneezing.

(997.) Attack of cold, and stoppage of the head, with sneezing first seven days.

(998.) Cold, with stoppage of the head, with much sneezing.

(1006.) Flow from the nose, with much sneezing.

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358. One of the most characteristic features of

Phthisis in all the stages which it passes through, is *the variation of the mental state* (109.): hope, in many cases, preponderating.

358 *a.* Calcarea has a power similar hereto. It produces p. e.:—

(61.) **The first part of the day he is anxious, the latter part of the day he is cheerful and satisfied with himself.** (*L. g. h.*)

358 *b.* In regard to this production of hopefulness, it is not expected that any remedy will produce hopefulness as its primary action, because medicines being poisons, will not, it is likely, have the power of producing hope, which is a condition of health. But as this feeling of hopefulness must be developed when the patient is under states in which the symptoms are alleviated, it is not impossible to find a remedy which, in its secondary or more strictly its curative action, may produce the state of hopefulness: that is, a medicine may have the power of producing conditions which have adjoined to them the state of feeling designable as hopefulness: that is, it may exert so far a curative action as to awaken a state of brain which may cause an activity in that part of the cerebral mass associated with this particular feeling.

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359. A symptom not unfrequently present as indicative of the phthisical cachexia, is the occurrence of "bad eyes" in the patient, if not at the time of the development of the cachexia, oftentimes in the childhood of the individual.

359 *a.* Calcarea has the power in a marked degree of producing "bad eyes," as seen in the following p. e.:—

(255.) **Itching in the borders of the eyelids.**

(256.) Itching in the eyes in the evening, and aching early in the morning.

(257.) Bad itching eyes.

(258.) Itching in the corners of the eyes.

(259.) Itching in the right inner corner of the eye.

(260.) Itching of the eyes in both corners.

(261.) Tickling itching in the right outer corner of the eye, and a desire to rub (twenty-five hours).

(269.) Burning and itching in the eyes (eight days).

360. It not unfrequently happens that patients, in whom Phthisis becomes developed, have either had, immediately precursory to the development, or at an early period of life, *a discharge from behind the ears.*

360 *a.* Calcarea has the power of producing in a marked degree this condition, as is exhibited in the following p. e. :—

(340.) An eruption behind the right ear.

(341.) A boil before the left ear, which, when touched, pains like an ulcer.

(342.) A boil under the ear lappet, which, by chewing, pains like a strain the jaw joint.

361. *Falling off of the hair* is another indication of the phthisical cachexia.

361 *a.* After severe fevers the hair falls off: a result indicative of the great change induced in the system by the fever. The falling off of the hair may take place quite independent of any phthisical disease: but it not unfrequently happens, that from the change induced in the constitutional state by the fever, the phthisical cachexia becomes called into activity, and Phthisis proceeds.

361 *b.* It is, however, in cases where, without any precursory fever, the hair falls off, that this symptom indicates the existence of the phthisical cachexia.

361 *c.* The following p. e. of Calcarea exhibits the power this medicine has of producing the hair falling :—

(336.) Her hair combs off.

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362. To revert to the bleeding from the nose, as indicative of the phthisical cachexia.

363. It will be found from the pathogenetic effects already recorded, (paragraph 352), that Calcarea is more suited, in the majority of cases, to the bleeding from the nose than is Aconite; so, in other symptoms conjuncts with this bleeding.

364. Thus, in the premonitory symptoms of Phthisis, a symptom is present of a fulness in and a tightness across the chest. (100). What can be more characteristic of, and homœopathic to, this state than the following p. e. :—

(1075.) A narrowing of the chest, as if it were too full and puffed up with blood.

365. Add to this the p. e. :—

(1109.) Anxiety in the chest (the first day.)

(1110.) A feeling of anxiety in the chest as if it were too narrow, with short breath, especially in sitting, and aching at the chest especially when breathing: the heart beats uneasily, with trembling.—(W. C.)

366. Another symptom present in the premonitory stage, as well as in the other stages of Phthisis, is the *spitting of blood* (hæmoptysis). (101).

366 *a.* In homœopathic relationship to this is the p. e. :—

(1055.) Early in the morning, after swallowing, he must cough violently, whereby he often spits blood, followed by darting (or pricking?) in the palate.

367. In the prevention of the destructive progress of Phthisis, nothing is more important than the cure

of the state of the lungs connected with this spitting of blood.

368. Dr Walshe (p. 504, *lib. cit.*) records the following:—

"Hæmoptysis, including under this term even expectoration simply streaked with blood, is a symptom of extreme frequency, occurring, as I formerly found, (*British and Foreign Medico-Chirurgical Review, Jan.* 1840), in about 81 per 100 of cases."

369. The writer's experience coincides with this statement.

370. It becomes, therefore, of importance to recognise the fact, that Calcarea has the power of producing expectoration of blood, as is evidenced by the pathogenetic effects already quoted.

371. From these effects it becomes certain, that Calcarea will have a curative power in relation to this state of blood-expectoration; and if its use be combined with certain conditions, which will be detailed in the Chapter on the Influence of the Air in connexion with the Cure of Phthisis, the progress of the disease will be, in the majority of cases, arrested.

SECTION III.—*The Treatment of the First Stages of Phthisis.*

372. The first symptom recorded in connexion with the first stage of Phthisis, was emaciation.

373. This was regarded as a result of the exhaustive efforts of the system in the attempt made, but made blindly, to resist the progress of the lung disease; and, as such, most medicines, from the fact that

they are disturbers of health in their character as medicines, will have the power, Calcarea among the rest, of producing a state corresponding to this.

374. The second symptom was that of the production of a *dry cough.* The query occurs, What is the homœopathic relationship in which Calcarea stands by its pathogenesis to this symptom?

374 *a.* Calcarea produces the following p. e.:—

(1042.) Dry cough, especially at night.
(1032.) Evening, especially in bed, a dry cough. (About two days.)
(1037.) At night, after midnight, a dry cough, with a beating of the heart and the arteries.

374 *b.* In relation to the phthisical night cough, how common is it for the poor sufferer, and the anxious family, to dread the coming on of the night, on account of the expected but painful repetition of the, at the time, never-ceasing cough.

374 *c.* The p. e. already quoted

(1037.) exhibits a very common concomitant in conjunction with the cough of Phthisis, namely, the beating of the heart and of the arteries, and consequently proves the relationship which Calcarea must have in its curative agency with this state of the phthisical disease.

375. A feature, connected with the cough of Phthisis is, that it is often attended with running from nose (coryza) and eyes. To this Calcarea has a corresponding p. e.:—

(1026.) Cough with coryza.
(1039.) Cough mostly in sleep; therewith first dry, then moist coryza.

375 *a.* The almost essential connexion between Phthisis and the coryza condition is exhibited in the fact, that some superior writers on phthisical disease have maintained that every case of Phthisis is connected with coryza.

376. The peculiar irritation excitative of cough in

Phthisis is characteristic, and is analogized by Calcarea in the following p. e. :—

(1027.) Tickling cough, as from eider-down in the throat.

377. It was noticed (118.), that, as the first stage advanced, the cough ceases to be dry, and becomes attended with expectoration.

377 *a*. Calcarea represents this in the p. e. :—

(1047.) Mucous cough from time to time.

377 *b*. The peculiar character of the cough in Phthisis, in connexion with this mucous expectoration, is strikingly analogized by the p. e. :—

(1048.) Expectoration of mucus early in the morning, with hacking cough.

(1046.) Much cough, with expectoration of mucus, in the evening, after lying down, and at night; by day, only a little, and a dry cough.

(1045.) Cough, with much tenacious expectoration, which is tasteless and without smell, early in the morning and evening in bed.

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378. A third symptom in the first stage was the expectoration of *streaks of blood;* and to this symptom Calcarea analogizes in the following p. e. :—

(1053.) Expectoration of blood through coughing and hawking, with a sense of rawness and a wounded feeling in the chest. See also 1054, p. 128.

378 *a*. The first pathogenetic effect represents the pain present in the chest (Symptom VIII.), in connexion with the cough; and the pathogenetic effect (1055.) p. 128, presents a symptom—"stitches in the palate"—which is not unfrequently connected with the cough of the phthisical character.

379. In the second and third stages, the expectoration oftentimes has a colour, a taste, and a smell. It is often sweet. Calcarea carbonica produces p. e. corresponding hereto.

379 *a.* In regard to colour:—

(1051.) Cough early in the morning, with yellow expectoration (about five days.)

(1052.) The cough becomes loose, and whole pieces, resembling pure pus, are expectorated. (*G. E.*)

379 *b.* In regard to the taste of the matter expectorated:—

(1059) During a violent cough in the evening, there was a sweet substance expectorated.

(1050.) He expectorates a sweetish-tasting mucus by coughing.

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380. As a tubercle is a foreign body, it must cause by its presence some irritation. (A thorn in the finger, a foreign body, produces irritation.) The change in the tissue round the tubercle constitutes another foreign body, which itself must cause irritation. Indicative of this irritation induced, as the disease in the tubercle and the tissue surrounding advances, is the irritative fever that arises; so that preceding suppuration there will be inflammatory symptoms.

380 *a.* Exhibitive of this irritation is a fifth symptom in the first stage of Phthisis, THE CHEEKS ARE FREQUENTLY RED.

380 *b.* Calcarea Carbonica corresponds to this in its p. e.:—

(396.) Great redness and heat in the face frequently.

(394.) Continued and bloated redness and heat in the face.

(1609.) Glowing heat and redness of the face, with a heated forehead and great thirst, many hours. (*Lgh.*)

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381. A sixth symptom in Phthisis is, THE PALMS OF THE HANDS AND THE SOLES OF THE FEET ARE BURNING

381 *a.* Calcarea carbonica has a p. e. corresponding in some respects thereto:—

(1238.) The vessels of the hand enlarge, with a sensation of burning at the back of the hand.

381 *b*. But the correspondence is more marked in the following p. e.:—

(1403.) Burning in the palms of the hands and in the soles of the feet.

(1369.) Burning in the soles of the feet.

(1523.) At night, interior heat, especially in the feet and in the hands, and early in the morning, a dry tongue, without thirst, with exterior heat of the head (about six days).

382. A seventh symptom in these stages of Phthisis is the OPPRESSED BREATHING.

383. To this Calcarea carbonica has p. e. strikingly analogical:—

(1074.) Tightness of chest. She wants breath.

(1075.) Tightness of chest, and as if it were too full, and filled up with blood.

(1076.) A tight feeling from fulness of the chest, early in the morning when rising, as if the lungs could not expand enough in breathing. Going away after some expectoration.

(1064.) Frequent necessity to take a deep breath.

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384. An eighth symptom is, the PECULIAR UNEASINESS present in this stage.

(1418.) Restlessness, so that he is obliged to move his hands and feet.

(1419.) Great restlessness in the evening, especially in the limbs; he cannot keep them still.

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385. A ninth symptom present in this first stage, indeed in most stages of Phthisis, is the QUICK PULSE.

385 *a*. Calcarea carbonica has a p. e. analogous to this:—

(1585.) A quick pulse, without a feeling of fever.

385 *b*. This strikingly represents the state of things in Phthisis, for the pulse travels quick, without any fever proportional.

386. It is allowed that fever is present in Phthisis; in fact, there is generally a hectic fever, and during the heat thereof the pulse's frequency is increased; but the pulse is rapid whether the patient is cold or hot.

387. It is true that many medicines cause a rapidity of pulse; yet the selection of Calcarea for the removal of the rapid pulse of Phthisis rests not simply on the fact that Calcarea produces a quick pulse, but upon the additional fact, that its other numerous pathogenetic effects are so strictly in accordance with the symptoms of the phthisical disease.

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388. A marked feature in the second stage of Phthisis is THE PRODUCTION OF SWEAT.

389. In this Calcarea carbonica is analogous to the phthisical disease to a greater extent than perhaps any other medicine.

390. The following is extracted from a lecture on Calcarea (*see* PREFACE), delivered to the students in the year 1856, by the writer:—

" Calcarea produces sweat on all parts of the body; on some more remarkably than on others. It will be useful to notice its action in this respect, first on the bodily surface generally, and then on special parts of the body.

" In relation to the system generally, the following p. e. are illustrative:—

(1496.) In the evening, a sleep, weariness in all the limbs, with coldness. He cannot prevent himself from sleeping; yet he does not sleep soundly, but wakes repeatedly for a time (sixteen hours long). Early in the morning, much sweat and dryness in the throat, without thirst (about four days).

" How strikingly does this correspond with the phenomena connected with the development of the sweat which occurs in Phthisis.

" The characteristic of the sweat produced by Calcarea is, that it is produced *early in the morning*, and often in the midst of or as the sequel of great agitation.

" In regard to the agitation, the disquiet, the following p. e. is striking :—

(1610.) Long continued heat, which makes him weary and anxious, until a sweat breaks out.

(1503.) He can scarcely sleep at all the whole night; he tosses about much, and sweats over the whole body (about ten hours). (*Lgh.*)

(1628.) Evening fever, exterior cold, with interior heat and violent thirst, in bed; he is cold also, and he sweats afterwards; is able, however, to get warm; finally, he sweats abundantly (ten hours).

" The sweat, as already stated, takes place in the morning :—

(1624.) Early sweat every morning (about seven days).

(1621.) Profuse early sweat many mornings, one after the other.

(1622.) Early sweat (the following morning).

(1623.) Early sweat three mornings in succession.

" Another characteristic of the sweat of Calcarea is, that it is excessively exhausting :—

(1612.) Almost constant sweat.

(1613.) Much sweat, as well in the day when walking, as also in the night in bed.

(1614.) Exhausting sweat, day and night, three whole days long.

(1615.) Profuse sweat in the day, with cold air.

(1617.) In the evening he becomes suddenly warm, and sweats the whole night.

" While producing sweats generally, Calcarea produces also *local* sweats.

" It causes, in a marked degree, sweats in the head.

" Calcarea produces sweats in the back :—

(1619.) Night sweat on the back.

" Calcarea produces sweats on the *legs.*

(1620.) Night sweats only on the legs, and sticky to the touch, (for some days.)

" This character of stickiness is well worthy of notice; for in many cases of Phthisis sweat is present only on the legs, and the sweat itself is quite sticky.

" Calcarea produces sweat on the *knees.*

(1325.) Sweat on the knee.

" It produces sweat on the *feet.*

(1373.) Sweat on the feet towards evening.

" In regard to this power of producing local sweat, Calcarea presents the following p. e.:—

(1630.) Every forenoon, at 11 o'clock, fever heat, without thirst and without cold before, one hour long. She feels herself hot, and is so to the touch, with a countenance somewhat red; thereupon anxiety and a gentle sweat, especially on the hands, the feet, and the face, four successive days (before the catamenia)."

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391. Such are the effects of Calcarea in relation to the production of sweat, and hence its power in curing the sweats of the phthisical.

392. In reference to the sweats of Phthisis, how sadly irrational, how truly empirical, is the treatment, followed by those who practise the old system medicine, and which they have the conceit to call rational medicine.

393. In Phthisis, one of the phenomena is the occurrence of night sweats. These sweats are found to be very exhausting to the constitution of the patient, and therefore it is argued, and argued rightly, they must be arrested. The old systemists give their sulphuric acid and other means to arrest these sweats, forgetting altogether that these sweats are merely an effort of nature

to relieve the lungs. What happens? Directly, or almost directly, the old systemist has arrested the sweats, (arrest is not cure), Nature, stopped in her curative efforts in that direction, attempts to relieve the diseased state in the lungs by exciting an action in the bowels, and she institutes a diarrhœa. Now this diarrhœa the old systemist finds is very weakening; he therefore supplies the patient with means, called astringents, to arrest the diarrhœa. He succeeds, it may be, in arresting the diarrhœa, and then the breathing gets worse, and the cough augments in severity. He then gives medicines to arrest the cough, and again do the night sweats appear. Again he tries to arrest the night sweats, and the diarrhœa appears, and thus he proceeds till the end of the struggle is indicated by DEATH: and yet the old systemist is the rational practitioner.

O wad some power the giftie gie us
To see oursels as others see us!

394. In regard to other symptoms in homœopathic relationship with Calcarea, an opportunity will be afforded to bring them forward more impressively in connexion with conditions which are to be hereafter noticed.

395. Sometimes delirium occurs as the disease approaches its termination, although this is relatively rare when the patient is under homœopathic treatment.

396. Under old system treatment, the occurrence

of delirium is not unfrequent: a circumstance dependent on the empirical character of this mode of treatment. This empiricism is exhibited in the attempt to subdue the cough by the employment of opiates and of narcotics, the necessary consequence of which is an irritation of the brain by the action of these medicines.

397. When delirium does occur in a patient treated homœopathically, it is pleasing to see how completely he is under the power of the appropriate homœopathic remedy.

398. A case which years since attracted strongly the attention of the writer, was that of a young lady whose death by Phthisis caused great regret. She was one of those who help to verify the idea that Phthisis takes off the most lovely, the most intelligent, the most amiable. This young lady was attended by one whose loss is ever to be lamented, the late Dr Curie. He had saved the life of a sister, who had every characteristic of phthisical disease. He attended the sister, who became as death approached very delirious. Dr. Curie was appealed to by the gentleman who was, had the lady lived, to have become her husband. Dr. Curie with noble honesty stated that he could do no more for her: it was the delirium of death. The gentleman came to the writer, who ordered a sixth part of a drop of the third dilution of Belladonna, a dose every few hours. The delirium was wholly subdued, and the patient died in peace.

399. This result indicates that the duty of the medical man exists as long as life lasts, verifying the sageness of the remark, "What right have we to say Death till God has sent it?"

SECTION IV.—*On the Lycopodium Cachexia, as illustrated in the Conditions under which Lycopodium can be employed in Phthisis.*

400. The pathogenesis of Lycopodium is considerable, being comprised in sixteen hundred and eight effects, recorded by Hahnemann in his work on *Chronic Diseases.*

401. Among these effects those having a homœopathic relationship to the symptoms present in Phthisis will be noted, and thus will be discovered the phthisical cachexia, which, from its correspondence to the Lycopodium cachexia, can be cured by Lycopodium.

402. A phenomenon of the premonitory stage of Phthisis was *a bleeding from the nose* (100).

403. The homœopathic relationship of Lycopodium hereto is exhibited in the following p. e.:—

(326.) A blowing out of bloody mucus (about six days).

(327.) A blowing out of clotted blood (about eleven days).

(328.) A violent bleeding from a little wound in the nose in the evening when taking a walk (about thirty-two days).

(329.) Bleeding of the nose three days one after the other in the afternoon at two o'clock.

(330.) Two bleedings from the nose in one day (about twenty-six days).

(331.) Violent nose-bleeding, and thereafter frequent blowing out of blood (about twenty days).

404. In these effects the pathogenesis of Lycopodium corresponds with that of Calcarea, and hence both are homœopathic to this symptom of the premonitory stage of Phthisis: the speciality of Lycopodium being represented by the effects 329 and 328,

which represent the bleeding as occurring in the afternoon at two, and in the evening: the special indication of Calcarea being that exhibited in the p. e. 283, in which the bleeding takes place early in the morning.

405. Connected with this premonitory symptom, bleeding of the nose, was the symptom of *a tightness* (a fulness) *at the chest* (100).

406. To this symptom Lycopodium analogizes in the following p. e. :—

(990.) Tightness at the chest (some hours).

(991.) Like a sprain at the left breast.

(992.) Tightness in the breast.

(994.) Tightness and aching in the chest, which oppresses the breathing, alternating with distention of the belly, in the evening.

407. Here it will be seen that the pathogenetic effect is characterized by its production in the evening.

408. Another symptom present in the premonitory and also in the first stage of Phthisis was *a pain in the chest.*

409. This Lycopodium represents in the following p. e. :—

(995.) Pain in the breast (ten days).

(996.) Pain in the left breast, G. H.

(997.) Pain in a small place, in the true ribs, under the left armpit, G. H.

(998.) Pain as from a knob (knopfe) upon the right true ribs.

(999.) Pain and aching as of a wound in the breast.

410. Another symptom present in the premonitory stage of Phthisis is that of *easily taking cold* (107.)

410 *a.* Lycopodium produces this state, as is exhibited in p. e. :—

(1376.) Very liable to taking cold.

410 *b*. An indication of this liability to take cold is presented in *sneezing*, which Lycopodium produces, as seen in the following p. e.:—

(898.) Sneezing without cold in the head.

(897.) Sneezing every morning for half an hour.

(899.) Sneezing fifteen times in the day, without cold in the head.

410 *c*. Another indication of this liability to take cold is that of running from the nose, coryza: to this Lycopodium corresponds.

(914.) Cold in the nose, with running therefrom, which renders the upper lip sore (28 days).

(915.) Frequent cold in the nose, with offensive discharges from the left nostril, which becomes sore inside.

(918.) Great running from the nose, and pain at the chest.

(919.) Renewed violent running from the nose immediately.

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411. The pathogenetic effect (915.) evidences the power that Lycopodium has of producing *ulceration*, a symptom present not unfrequently in the premonitory stage of Phthisis, and exhibited, as already noticed, in the production of *ulceration in the throat:* the character of the sensations arising from the same being represented by the p. e.:—

(930.) Inclination to hawk, with raw feeling in the throat, as though the slime hung there, with tickling, which causes cough.

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412. Another symptom present in the premonitory stage of Phthisis was the variation of the *mental* and *moral* states of the patient.

413. To this symptom Lycopodium corresponds in its p. e.: —

(28.) The fear to be alone.

(29.) Interior restlessness (about 24 hours).

(22.) Anxiety in the evening; her sight is half-obscured.

(25.) Great fear from frightful pictures crowding before her fancy in the evening; in the day, whining.

414. It will be seen that the peculiar mental effects of Lycopodium take place in the evening. This peculiarity in opposition to the power of Calcarea is illustrated by the subjoined remarks, extracted from the writer's unpublished lecture on Calcarea:—

"Though, in many pathogenetic effects, there is a striking analogy between the effects of Calcarea and the effects of Lycopodium, the following effect of Calcarea presents a distinctive feature:—

(61.) The first part of the day he is anxious, the last he is cheerful and satisfied with himself."—(*Lgh.*)

"The history of Lycopodium exhibits a mental exacerbation in the evening, illustrated further by the following p. e.:—

(26.) In the evening, in the dark, when trying to open a door which opens with difficulty, he is seized with fear.

(27.) Fear seizes him in the evening, on entering a room, lest he should see any one; also, in the daytime, he thinks he hears some one in the house.

415. Another feature of the phthisical cachexia is the presence in early life of "bad eyes."

416. The homœopathic relationship of Lycopodium to this is thus detailed in an extract from the writer's lecture on Lycopodium:—

"Among the aggregates of the pathogenetic effects of Lycopodium, that aggregate which embraces the action of this medicine on the eyes, the eyelids, and the vision, is very considerable, amounting to upwards of 70 effects—an aggregate greater than any similar aggregate by any other medicine, Pulsatilla having in the same aggregate only 60; Nux having about 50."

416 *a.* The powerful action of Lycopodium on the eyes and the eyelids is exhibited in the following p. e.:—

(231.) Inflammation of the eyelids, with aching pain, and sores in the outer corners every night.

(236.) Many mattery pimples in the eyelids.

(241.) Sores of the eyes, especially at night, and particularly at the outer corners.

417. Another feature indicative of the phthisical cachexia is, that persons so affected not unfrequently have, in early life, *itching in the ears.*

418. Lycopodium has the power of producing this state, as is exhibited in the following p. e.:—

(291.) Itching in the ears.

419. Another feature indicative of the phthisical cachexia is the *falling off of the hair.*

419 *a.* Lycopodium analogizes with this in the following p. e.:—

(186.) The hairs of the head fall off extraordinarily.

(187.) The hairs of the head fall off by combing.

Calcarea exactly corresponds to this:—

(188.) The hair of the head falls off in quantities, while in other parts of the body it is produced.

420. Another feature oftentimes associated with the phthisical cachexia is the *freckle.*

420 *a*. This condition is analogized by Lycopodium in the following p. e.:—

(356.) Many blotches and summer freckles on the whole of the face.

(357.) Many pimples and freckles over the whole face.

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421. A symptom present in the premonitory, the first, and the second stages of this disease, is *the spitting of blood.*

421 *a*. This condition is analogized by the following p. e.:—

(490.) Hawking up of bloody mucus when riding on horseback (daily occurring).

(962.) Expectoration of blood by coughing.

(963.) Hæmorrhage in a consumptive person (about ten days). *(Lg.)*

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422. Present among the symptoms of Phthisis were a *dry cough*, a *night cough*, and the *presence of a peculiar irritation excitative of cough.*

423. In regard to the night cough, the pathogenesis of Lycopodium is marked; the afternoon and the evening development, so characteristic of Lycopodium, manifesting themselves in connexion with the cough:—

(942.) In the evening, from four to eight o'clock, she coughs and drinks much.

(943.) Hawking and short cough in the evening in bed.

(944.) Night cough and hoarseness. When the expectoration is free, there is pain in the breast, as of a wound.

(946.) Cough at night, almost without remission, causing pain in the head and in both sides of the belly.

(948.) Dry cough, with yawning, piping and cracking in the throat.

424. The homœopathic relationship of Lycopodium to the dry cough is exhibited in the p. e.:—

(951.) Dry cough, continuous cough, chiefly in the night.

(952.) The expectoration from the cough tastes saltish.

425. In regard to the special irritation causing the cough, the following p. e. are striking:—

(930.) An irritation to hawk, with a feeling of roughness in the throat, as if the mucus stuck fast in the throat, which excites to cough. (*Gff.*)

(932.) Cough, from tickling in the throat.

(933.) With tickling in the throat, some attacks of coughing, which end in sneezing.

(935.) Very fatiguing cough in the evening, before going to sleep, as though the top of the throat were tickled with a feather; with a little expectoration.

426. In Phthisis, *expectoration* takes place, and Lycopodium shows in its pathogenesis a power of producing expectoration, varied in its characters:—

(947.) Night cough, with some expectoration.

(944.) Night cough and hoarseness; when the expectoration is free, pain in the chest, as of a wound.

(952.) The expectoration from the cough tastes saltish.

(956.) Green early morning expectoration, with cough, after bad pain in the chest.

(953.) Saltish, slimy expectoration, early in the morning, evening, and night.

(954.) Gray, salt-tasting expectoration, from cough.

(955.) Blackish, slimy expectoration, with cough day and night.

(957.) White, slimy expectoration. (*G. U.*)

(960.) Yellow, mattery expectoration, with raw and sore pain after a tedious, dry cough.

426 *a.* In this last pathogenetic effect is a most perfect picture of that which is so frequently presented in the course of the phthisical disease.

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427. Sweat is a symptom present in Phthisis.

427 *a.* Lycopodium has in its pathogenesis some marked effects in connexion with the production of sweat.

427 *b.* It produces sweat early in the morning, which occurs often in Phthisis after a restless night.

How strikingly homœopathic to what occurs in Phthisis:—

(1608.) Sweat early in the morning, after a restless night (about ten days). (*Gll.*)

(1605.) Sweat early in the morning, only on the joints.

427 *c.* Lycopodium produces, what appears contradictory to this, the following p. e.:—

(1637.) Sweat early in the morning over the whole body, with a taste of blood.

427 *d.* This taste of blood is a modification worthy of remembrance.

428. The following are extracts from the writer's lectures on Lycopodium:—

"The night perspirations of Lycopodium are peculiar. It produces—

(1602.) Sweat at night only on the rump, and not on the legs.

"Corresponding with this, but having an important modification is the p. e.:—

(1601.) Profuse sweat, of an acid smell, over the whole body, with the exception of the legs.

"The development of the sweat at night is exhibited in the following p. e.:—

(1603.) Every night after midnight, sweat, principally at the chest.

"This development of sweat on the chest is a marked feature in phthisical and other diseases."

428 *a.* The peculiarity of the smell of the sweat is highly important. This is exhibited in the p. e.:—

(1599.) She experiences round about her a sharp-smelling, sweating smell.

428 *b.* And this power of producing a peculiar smell, so often present in cases of Phthisis, is exhibited still further in the p. e.:—

(1600.) A stinking exhalation, as of sulphur, from the body.

429. Viewing Lycopodium in relation to Calcarea, it is certain that Calcarea has the greater power in the production of sweat.

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430. As one of the symptoms of Phthisis was the production of *evening fever*,

431. In relation to this power, the following extracts from the writer's lecture on Lycopodium embody some practical points:—

"A power possessed by Lycopodium is that of producing its effects at a particular time of the day, and mostly in the afternoon and the evening, and at night. It produces 15 p. e. in the afternoon, 80 p. e. in the evening, and 70 p. e. at night, being a total of 166 p. e. having relation to time of day.

"It will be found that this development of action in regard to the afternoon, the evening, and the night, is manifested particularly in regard to the evening fever:—

(1580.) Fever, one evening after the other; a shudder from seven o'clock onwards, which, when he lies in bed, caused him to start high up in bed; without heat or sweat thereafter.

(1581.) Shudder in the back, afternoon at three o'clock, but worse towards evening, after lying down; a quarter of an hour long, with cold feet, without heat and without sweat following.

(1582.) Fever, every afternoon at three o'clock to late in the evening; shudder continually increasing; without heat and without sweat.

(1583.) Fever in the evening, at seven o'clock; shudder strong, and great cold, even in bed, as though she lay in ice; two hours lasting, with drawing in all the limbs, in the back, and in the whole body, and when awaking out of a sleep, full of dreams.

(1590.) Shudder, every evening in bed until twelve o'clock, then again warm and hot; early in the morning, sour-smelling sweat.

(1604.) At night, profuse sweat, with cold on the forehead and on the neck.

432. "It appears from this p. e. that Lycopodium

will be homœopathic to that evening phthisical fever which has the shudder in the evening."

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433. In many forms of Phthisis, where the fever assumes a *hectic* character, as it does when pus is forming, and is formed, the urine presents a *brick-dust sediment.*

434. In analogy with this symptom, Lycopodium stands in a special relationship, Lycopodium being characterized by the following p. e.:—

(805.) **Reddish sand in the urine.**
(806.) **Reddish sand in urine, remaining tolerably clear.**
(807.) **Yellowish red sand in the urine.**
(809.) **Deep red sediment in the urine.**

435. This sediment forms one indication for regulating the choice of this medicine in relation to the choice of Calcarea in Phthisis, for Calcarea produces p. e.:—

(889.) **Quite dark coloured urine, without sediment.**

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436. Another symptom present in the premonitory and other stages of the phthisical disease, is that of *hot hands.*

437. Lycopodium produces a similar state, as is exhibited by the following p. e.:—

(1163.) **Hot hands, constant, which to him is very unusual.**
(1164.) **Swelling and heat of the right hand, evening.**
(1165.) **Feeling of heat in the left hand, with anxiety.**

437 *a.* Somewhat allied to this is the p. e.:—

(1168.) **Great dryness of the skin of the hands.**

437 *b.* In connexion with the condition of the hands

in Phthisis, a fact may here be recorded, that not unfrequently the phthisically predisposed are liable to *a deadness of the fingers.*

437 *c.* It is interesting to notice that both Calcarea and Lycopodium have the power of producing this state. Calcarea produces p. e. :—

(1251.) Deadness of the fingers.

(1252.) Deadness of the middle fingers; they become white, cold, and without feeling. Beforehand, a fine drawing therein (about three hours). (*Gff.*)

437 *d.* Lycopodium in its p. e. has a peculiar modification :—

(1187.) Numbness, coldness, and deadishness of both the little fingers, early in the morning when awaking, although they are movable.

(1188.) Deadness of two fingers in the morning, for half an hour, with blue nails (about thirty-one hours).

437 *e.* It would seem from these effects that Lycopodium acts more on the little fingers; and the blueness of the nails in the morning is a symptom not unfrequently present in many cases of Phthisis.

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438. Another symptom present in the various stages of Phthisis is *a burning in the soles of the feet,* which Calcarea, it was noticed, produces.

439. Lycopodium produces a similar state of the feet, as is evidenced by the following p. e. :—

(1306.) Burning in the soles of the feet at night.

440. The distinction between the Calcarea action and the Lycopodium action, is to be found in the fact that the Lycopodium manifests its action most at night; and add thereto the effects that Lycopodium produces on the kidneys and the urine.

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441. A symptom frequently present in the course of Phthisis is *constipation.*

442. The relationship of Lycopodium hereto is exhibited in the following views, extracted from the writer's lecture on Lycopodium :—

"Lycopodium has the power of producing constipation: this is its primary action. It produces p. e. :—

(733.) Stool not daily; sluggish, and no desire thereto.

(734.) Stool only every other day. (*Gff.*)

(735.) The stool is suspended for two or three days, but after follows a good natural stool.

"The stool itself is hard, and even if it is soft, there are hard, knotty portions :—

(756.) With knotty stool, a fine pricking in the rectum.

(744.) Thin stool, with hard pieces.

"A peculiarity exists in relation to the stool produced by Lycopodium :—

(742.) The first part of the stool is knotty; the second portion soft, many days following (sixteen days).

"Lycopodium produces special sensations in connexion with these hard, knotty stools :—

(759.) With a hard stool, pain in the sacrum, as if it would break, with colic, as if the intestines would burst out (about forty days).

(766.) After a scanty, hard stool, a violent contractive pain in the perinæum, lasting several hours."

443. Such being the action of Lycopodium, it becomes clear that, in cases of Phthisis attended with constipation, Lycopodium will call for attention.

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444. Lycopodium has great power in producing pathogenetic effects in connexion with the kidneys and the bladder, thus recorded in the lecture referred to—

"Perhaps there is no chronic disease in which debility is more marked than in diseases of the kidneys; and it will be found in the pathogenesis of Lycopodium, that it produces disease of the kidneys, and causes more particularly extreme modifications in the water. It produces, also, excessive debility." The following remarks from the same lecture illustrate this:—

"A power possessed in a marked degree by Lycopodium is that of producing excessive exhaustion and prostration of the strength, conditions illustrated by the following p. e.:—

(1447.) One otherwise habituated to toil is obliged by weakness to lie down several times in the day (about sixteen days).

(1448.) After slowly walking, exhaustion of the bodily powers.

(1445.) Frequent attacks of weakness, which oblige him to let the arms fall.

(1452.) Extreme weakness in ascending the stairs, with pain in the bones of the lower limbs (about eleven days).

(1444.) Sometimes a sudden weariness of all the limbs, with bad temper."

444 *a.* From these views and effects it is certain that Lycopodium will have a curative relationship to cases of Phthisis, where with the Phthisis there are kidney disease and great debility.

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445. From these facts and views the character of the Lycopodium cachexia will be apparent, and some idea may be gained as to the character of the Phthisis to which Lycopodium is suited.

SECTION V.—*The Nitric Acid Cachexia, as Illustrative of the Conditions under which Nitric Acid can be employed in Phthisis.*

446. The pathogenesis of Nitric Acid, as recorded

in Hahnemann's work on Chronic Diseases, presents itself in an aggregate of 1424 effects.

447. It will be found in detailing this pathogenesis, that some of the pathogenetic effects of Nitric Acid supply the curative means for symptoms of Phthisis, which have not as yet been fully met by the pathogenetic effects of *Calcarea* and of *Lycopodium.*

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448. A phenomenon of the premonitory stage of Phthisis was a *bleeding from the nose.* (100.)

449. The homœopathic relationship of Nitric Acid to this symptom is exhibited in the following p. e.:—

(265.) Soreness and bleeding of the interior of the nose, with much running.
(270.) Bloody running from the nose, early in the morning.
(271.) Bleeding of the nose from weeping.
(272.) Violent bleeding from the nose (twenty-four hours).
(273.) Very great bleeding from the nose, early in the morning.
(274.) A discharge of black blood from the nose.

449 *a.* In this record it will be seen there are two specialities in connexion with the Nitric Acid—first, that the bleeding of the nose resulted *from weeping* (271), and the blood escaping from the nose is "*black.*" To this may be added a third, namely, that in two effects it took place early in the morning.

449 *b.* The bleeding of the nose has a characteristic detailed in regard to time of occurrence. Allied to this earliness is, that it occurs at night, as is exhibited in the p. e.:—

(1287.) At night, bleeding of the nose.

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450. Connected with this premonitory symptom of bleeding from the nose was the symptom of a *tightness* (a fulness) at *the chest.* (100.)

451. To this symptom Nitric Acid analogizes in the following p. e. :—

(885.) Tightness at the chest, so that she cannot fetch a breath (twenty-two days).

(886.) Tightness and anxiety, if she walks at all quickly, with perspiration upon the back and chest.

(887.) Contraction of the chest.

(888.) Tightness at the chest; shorter, more anxious, and more difficult breathing.

(889.) Narrowing of the chest in sitting and walking, but especially in bending back (three days).

451 *a*. In relation to the 886 pathogenetic effect, it is worthy of remark that sweat appears on the back and on the chest, a character often present in cases of Phthisis.

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452. In regard to the *pain in the chest*, another symptom in the premonitory stage and other stages of Phthisis, Nitric Acid has corresponding p. e. :—

(895.) A pressing together at the chest. Pressure at the left breast, as though the blood would not go through the heart.

452 *a*. This latter effect is highly characteristic.

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453. It was noticed in the history of Phthisis that ulceration of the throat frequently attends the development of the phthisical disease. Nitric Acid produces p. e. :—

(374.) Ulceration in the mouth and throat.

(375.) An eating ulcer on the side of the salivary gland.

(415.) Sore throat on swallowing; a feeling of swelling therein, and as though raw and ulcerous.

454. The presence of ulceration, and the conditions of the ulceration, being so similar to some of the mouth and throat phenomena of secondary Syphilis, will render necessary in the treatment of the phthisi-

cal patient a careful investigation as to the circumstances of the patient's previous condition, since the phthisical state is often associated with the previous existence of Phthisis; Nitric Acid will be, on this ground, homœopathic to the state.

455. Where these ulcers exist, the state of the breath is foul; a state very frequently existing in the young, especially about the age of puberty, when the premonitory symptoms manifest themselves. To this state Nitric Acid corresponds in the p. e.:—

(402.) Foul smell from the mouth.
(403.) Dirty stinking smell of the mouth.—(*Blair.*)
(404.) Very clammy slime in the mouth.

456. In connexion with these conditions of the mouth and of the throat, it will be well to ascertain whether the phthisical patient has been or is subject to a sensation as of a *closure of the throat*, after having drunk fasting, for Nitric Acid has the power of producing this effect, as is evidenced by the p. e.:—

(408.) Pressure in the throat on swallowing food, as though it could not go down.

(114.) In eating, small pieces of food press through the posterior nostrils, and come out at the nose, as though the gullet had not properly secured them, but had let them escape, so that they had thus become forced through the posterior nostril.

457. A symptom connected with the phthisical cachexia is that of *easily taking cold.*

458. To this Nitric Acid corresponds, so far as relates to the following p. e.:—

(809.) Much sneezing every day, without cold in the nose.
(810.) Frequent sneezing, with stoppage of the nose.

459. Nitric Acid produces *running at the nose*:—

(814.) Much sneezing in the daytime, and discharge of much slime from the nose.

(836.) Violent running from the nose (two days).

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460. Still, it would appear that Nitric Acid seems to be more homœopathic to those cases where there is a *dry* coryza than where there is the opposite. This may be connected with the fact, that its action on the bone and bone-covering tissue of the parts about the mouth, throat, &c., causes its condition to be extended to the nostrils.

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461. In connexion with the phthisical cachexia, cutaneous changes, such as the freckle, the wart, &c., have been noticed. Nitric Acid has its special cutaneous changes, which will indicate the cases of Phthisis to which it is suited.

462. One of the characteristic features of the eruptive-producing power of Nitric Acid is exhibited in p. e.:—

(1030.) Eruption on the hands and between the fingers; itching burning, which passes off by rubbing.

462 *a.* Nitric Acid produces the freckle, but its freckle is dark.

(1213.) Dark freckles.

(934.) Itching spots, like freckles, outside the breast.

462 *b.* It produces warts:—

(1216.) Itching in the warts.

(1214.) Small warts come out on the throat.

(935.) Two little warts on the middle of the breast-bone.

463. Nitric Acid produces *brownish* and *reddish-brown* patches.

463 *a.* It will be remembered that Lycopodium produces liver-coloured spots, so that in the conditions of the eruptions produced by these two remedies will be found the means of selection.

464. The condition of *the eyes* afforded characteristics of the phthisical cachexia. It will be found that Nitric Acid presents phenomena in regard to the eyes.

465. Among the effects of Nitric Acid is one of producing palsy of the upper eyelid; and with this palsy is associated a sensation of weight.

466. If, therefore, these conditions manifest themselves in a phthisical patient, it will be useful to recognise this power of Nitric Acid.

467. A state often present in persons affected with the phthisical cachexia is disease *of the ears.*

468. Nitric Acid produces various diseased states of the ear, as is evidenced by the following p. e.:—

(234.) Itching in the ear.

(241.) Red, ulcerous, and violent itching behind the left ear.

(243.) Little knots the size of a bean on the back part of the lappet of the ear, with pain on being touched.

469. Another phenomenon present in persons affected with the phthisical cachexia, is the *falling off of the hair.*

470. Calcarea and Lycopodium produce this effect,

as does Nitric Acid, but Nitric Acid has a peculiarity, which is exhibited in p. e. :—

(714.) On the private parts, the hair falls off much. (*Bth.*)

471. This falling off from the special part indicates a symptom which presents itself in syphilitic disease; and this adds another evidence why Nitric Acid is peculiarly serviceable in cases of Phthisis which have supervened after syphilitic disorder.

471 *a.* Nitric Acid has a peculiarity in relation to the hair, which is exhibited in the following p. e :—

(157.) The scabbed eruption on the hair of the head stinks much.

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472. Nitric Acid has in its pathogenesis the production of spitting of blood, one of the phthisical symptoms noted as frequently occurring :—

(865.) Bloody expectoration from cough with vomiting, early morning, in bed, after a rattling in the windpipe; afterwards, a feeling of sickness, with cold shudder, and so forth.

(867.) Expectoration of black clotted blood, through a cough with vomiting.

(868.) He coughs and vomits black blood, and also blows the same out from the nose.

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473. Nitric Acid has the power of producing another symptom, almost always present in Phthisis, namely, that of *cough.*

474. Among its pathogenetic effects are the following, illustrative of the variety of forms under which cough is presented in phthisical patients :—

(850.) Much cough (three, four days).

474 *a.* The irritating tickling, which in Phthisis so often induces cough, is illustrated by p. e. :—

(851.) Tickling cough, with soreness in the throat.

474 *b*. In many cases cough occurs in the sleep. To this Nitric Acid has a corresponding p. e.:—

(852.) Cough from a contracting feeling in the throat, especially at night in sleep.

474 *c*. The action of Nitric Acid is to produce a night cough. This is exhibited in the following p. e.:—

(855.) Evening in bed, a vomiting cough.

(856.) In the evening especially, a dry, barking cough.

(857.) In the night, a bad cough, immediately after midnight, for one hour.

(858.) Before midnight, a rough, dry cough.

(859.) Night especially, cough, which gives not five minutes rest, with shaking of the whole body, whereby frequently the breath catches, as with hooping-cough; then darting pain in the chest, sore throat, and fever.

474 *d*. In regard to the expectoration, a symptom present in Phthisis, a characteristic of the Nitric Acid expectoration, is exhibited in the following p. e.:—

(863.) Slimy expectoration from coughing.

(864.) A yellow, bitterish-tasting expectoration.

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475. In regard to the *pain at the chest* which attends the cough of Phthisis, Nitric Acid exhibits its homœopathicity in the following p. e.:—

(873.) From coughing, pain in the chest.

(874.) In coughing and breathing, many evenings, dartings in the middle of the left breast, almost every time of drawing a breath, especially on lying in bed.

476. It is interesting to notice that Nitric Acid has the power of producing with the cough pain in other parts of the body:—

(868.) In coughing and after it, pain under the stomach.

(869.) In coughing, each time, headache.

(870.) In coughing, pain in the hypochondria.

(872.) In coughing, dartings in the throat.

(876.) From coughing, pain in the breast.

(877.) In coughing, he feels the knee affected, so that it cracks, and pains then in the knee-bone in walking.

477. In connexion with this action on the chest, Nitric Acid has the power of producing heart-beating :—

(879.) Loss of breath, heart-beating, and uneasiness in going up steps.
(880.) Sudden failing of breath, and heart-beating in walking gently.

478. DIARRHŒA was noticed as one of the phenomena of the more advanced stage of Phthisis.

479. This diarrhœa is highly exhausting, and hence the anxiety of the practitioner to arrest it. The reason of its exhaustive power is connected with the great extent of the intestinal membrane, and also with the fact, that when the disease has reached this stage, the condition of the system has greatly deteriorated. The arrest of this diarrhœa by the old system means is almost always injurious, because the arrest is not the cure of the disease.

480. The homœopathist, however, is enabled by his law to find, by conjoining all the concomitants of the diarrhœa, the remedy which will meet the diseased state, and thus remove the diarrhœa.

481. What conditions attend this diarrhœa state? With this are an aphthous state of the mouth, and ulcerations of the genital parts.

482. If, therefore, Nitric Acid has the power in its pathogenesis of producing these states, a satisfactory ground exists for the belief that it will cure the diseased state, more especially if, besides the effect detailed, it is productive of diarrhœa as well.

483. The power that Nitric Acid has in producing diarrhœa is evidenced by the following p. e. :—

(610.) Diarrhœa, two, three times daily (the first ten days).
(611.) Diarrhœa, with nausea, after eating (twenty days).

(612.) Diarrhœa every other day.

(613.) Frequent stools of mere slime, at times with pain of the belly, and great urging (the first four days).

484. Nitric Acid has the power of producing aphthous eruption and ulcers under the tongue, as is evidenced by the following p. e. :—

(376.) Bladders upon the tongue, and at its edge; a burning pain to the touch.

(377.) Little bladders on the glands found on the under part of the tongue, which pain.

(378.) Little painful pimples upon the side of the tongue.

(381.) Sore pain of the red part of the tongue.

(382.) Soreness of the tongue.

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485. Another symptom present in Phthisis is the *sweat.*

486. Nitric Acid produces sweat as one of its p. e. :—

(1409.) Sweat, with cold hands and blue nails.

(1410.) Sweat early in the morning.

(1411.) Night damps.

(1412.) Night sweat every other night, very great.

(1413.) Night sweat, every night.

(1418.) Night sweat, merely on the parts on which he lies.

487. The peculiarities as to localities affected are indicated in p. e. :—

(1416.) Night sweat, chiefly on the feet.

(1417.) Night sweat upon the breast.

(1418.) Night sweat, merely on the parts on which he lies.

(1419.) Night sweat immediately, if he covers himself with the bed-clothes.

488. In regard to this sweat there are some peculiarities.

489. One peculiarity is, that Nitric Acid produces a special sweat in relation to the arm-pit :—

(972.) A stinking, strong-smelling sweat of the arm-pit (about four days).

(1431.) Bad smelling sweat, many nights.

(1432.) More and bad smelling sweat, on doing bodily work.

(1433.) Sour and very bad smelling sweat, like horse's urine.

(1434.) Sourish night sweat, many nights.

490. Another peculiarity presents itself in connexion with the feet, on which it produces sweat:—

(1155.) Sweat of the left foot.

(1156.) Profuse sweat of the soles, and therewith soreness of the toes and of the soles, with pricking as if stitching needles were coming out from them.

491. In conclusion, it will be useful to note that the relationship of Nitric Acid to those cases of Phthisis which have originated from syphilitic disease is evidenced by the power which Nitric Acid possesses of producing ulcers on the genital organs:—

(726.) A flat ulcer on the crown of the glans; a clear-looking but badly-smelling ichor passes from the ulcer. (*Bth.*)

(731.) Itching on the foreskin and moist places on the inner surface (twenty-eight days).

(732.) Inflammation and swelling of the foreskin, with burning pain; a wound-like feeling on the under surface, and very offensive humour secreting ulcers, which cause spots on the linen, like a bloody pus. (*Bth.*)

(733.) Great swelling and phymosis of the foreskin, without much redness, and chancrous-like ulcers, with flat borders, on the inner surface, &c.

492. These conditions will serve to indicate the phthisical cachexia to which Nitric Acid is suited, which will become more especially evident after the other cachexiæ have been detailed, since the characters of each will form a means of drawing out more clearly, by comparing one with the other, the characters of each.

SECTION VI.—*On the Cachexia, as illustrated in the conditions under which Sulphur can be employed in Phthisis.*

493. "Sulphur, in its pathogenesis, as recorded by Hahnemann in his work on chronic diseases, presents

1965 effects; a fact testifying to the wideness of range of its curative action.

493 *a.* "Another fact, pregnant with interest and full of importance in regard to the homœopathic, and, consequently curative, employment of sulphur is, that sulphur produces an eruption like the itch.

493 *b.* "The production of this effect by sulphur has been established by the most indubitable evidences collected by Hahnemann, and form the foundation of the theory put forth by this illustrious man, that the great majority of diseases have an itch origin.

493 *c.* "This itch origin of diseases, Hahnemann has illustrated by a mass of quotations from authors of the highest reputation, from the time of Hippocrates downwards to Hahnemann's own time; these quotations demonstrating what stupendous literary attainments were possessed by Hahnemann.

493 *d.* "This psoric (ψωρα, psora, itch) theory was one on which Hahnemann laid great stress.

493 *e.* "Many have ridiculed the theory; but such men do nothing more than illustrate the old dogma that it is easier to ridicule than to refute.

493 *f.* "Indeed, it cannot be deemed at all unreasonable, that the itch, received into the constitution, should produce a general diseased state, a cachexia, permeating the whole body: more particularly since, as is well known, the vaccine ichor taken from the eruption of a cow's teat, permeates the constitution, and generates a diseased state, protective against another diseased state, the smallpox.

493 *g.* "And seeing that the vaccine poison produces a protective influence on the constitution during the whole of life, which it can do only by the power it has of creating a life-lasting anti-smallpox cachexia,

it appears perfectly rational that the poison of the itch may exercise similar life-long action, unless the disease itch is cured by the appropriate homœopathic remedy."

These extracts from the writer's lecture on *Sulphur* will form an introduction to the more special remarks relating to the employment of Sulphur in Phthisis.

494. In the treatment of Phthisis, if these views are correct, it is essential for the physician to ascertain that the patient has or has not ever had the itch.

495. It is true that he will experience much difficulty in ascertaining the fact, for persons do not like to acknowledge that they have had the itch, and persons who have had the itch have had it generally in early life at a time when they were not likely to be aware of its nature, and may consequently not remember its occurrence.

496. But here becomes apparent the certainty connected with the existence of the homœopathic law. The physician, well instructed in the pathogenesis of Sulphur, will be able, by the presence of the symptoms and their accordance with the effects of Sulphur, to judge by this strict accordance between the symptoms and the pathogenetic effects of Sulphur, of the probability of the existence of itch.

497. If the itch has at any period of life been present, such presence would of itself be, as just noted, one circumstance indicating the use of Sulphur in the treatment of the disease; a use, however, which will rest solidly on the accordance now to be noted between the symptoms of some forms of Phthisis and of the pathogenetic effects of Sulphur.

498. One of the phenomena indicative of the pre-

cursory state of the phthisical cachexia was the bleeding of the nose.

499. Sulphur produces this, as is exhibited in the pathogenetic effects.

(90.) **Giddiness early in the morning, with some bleeding from the nose.**

(360.) **Blowing out of blood from the nose.**

(361.) Coagulated blood comes from the nose every time of blowing it.

(362.) **Bleeding of the nose**, seven whole days (11 days).

(363.) **Blood from the nose when blowing it** (Fr. H.)

(364.) Violent bleeding at the nose, early in the morning, also on blowing it.

(365.) Bleeding from the nose, from time to time, many days (Fr. H.)

(366.) Bleeding from the nose two afternoons (for three hours) in succession, after which the nose is painful on being touched.

500. It will be perceived from the p. e. 90 that the bleeding from the nose is attended with giddiness.

501. A second phenomenon, indicative of the phthisical cachexia, is *tightness at the chest*, as associated with this nose-bleeding.

502. Sulphur produces this state, as is exhibited by the p. e.

(1185.) Uneasiness at the chest.

(1186.) The whole chest seems as though stretched.

(1240.) Great determination of blood to the chest.

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503. Another symptom present in the premonitory stage, and allied with this tightness of the chest, was the presence of *pain in the chest.*

504. This symptom is analogized by numerous effects of Sulphur. The following may be quoted:—

(1195.) A pain at the chest, as of drawing together.

(1190.) Aching obliquely over the middle of the chest, as from having swallowed too large a mouthful.

(1191.) Early in the morning, when in bed, an aching at the chest, which increases; he is obliged to get up, whereupon it disappears.

(1199.) Very violent pain in the evening, as if some one seized up the back part of the chest, would turn it round and raise it up, or grind and dash it to pieces.

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505. Another symptom frequently present as premonitory to the development of the phthisical cachexia is *the swelling of the glands of the neck*, and of other parts of the body.

506. This symptom is analogized by the following p. e. :—

(1330.) A swollen gland near the thyroid gland; pains when touched.
(1331.) Swelling of the glands at the shoulder.
(1332.) A swollen moist gland, under the right arm. (*Ng.*)
(1333.) An ulcerous swelling of the arm-pit glands.

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507. Another symptom present in the premonitory stage of Phthisis is that of *easily taking cold.*

Sulphur has the power of producing this condition of the system. It exhibits this in the p. e. :—

(1080.) Very frequent sneezing, which shakes her almost in a cramp-like manner.
(1084.) Painful dry feeling in the nose, with severe cold in the nose.
(1087.) Very bad cold in the nose.
(1089.) A flowing from the nose like water.

508. Sulphur has the power of producing both a stoppage of the nose and a feeling of stoppage of the nose, and in connexion with the stoppage of the nose, it exhibits the power of producing nose-bleeding :—

(1096.) Great stoppage of the nose, many days; by blowing the nose, blood-clots sometimes come therefrom.

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509. Another condition, already noticed, is oftentimes associated with the phthisical cachexia, that of *diseased eyelids.*

Sulphur has the power of producing such a condition, as is exhibited in the following p. e. :—

(248.) Feeling of heat in the eyes.
(249.) Feeling of a fulness of blood in the eyes.
(263.) Inflammation of the outer eyelid, without any particular swelling.

(264.) Swelling in the upper eyelid, and dry ulcer in the lashes.

(265.) Swelling in the upper eyelid, with redness and burning of the eyes.

(268.) Eruption like a barleycorn in the upper eyelid, in the inner corner.

(279.) Early in the morning, the eyes are gummed together, the lids thick and red; later, a dry slime in the lashes.

510. *Disease of and discharge from the ears* is a condition associated with the phthisical cachexia.

Sulphur has in its pathogenesis the following effects:—

(312.) Great itching, outwardly, in the ears.

(318.) A large ulcer on the ear-lappet.

511. *The falling off of the hair* is a condition frequently connected with the phthisical cachexia.

Sulphur has the power of producing this in a marked degree:—

(205.) Falling out of the hair.

(206.) Considerable falling out of the hair.

512. It may be useful to note that Sulphur produces a tenderness in the roots of the hair:—

(204.) Pain at the roots of the hair, especially to touch.

513. As the phthisical disease progresses, other symptoms present themselves. *Spitting of blood* is a most frequent symptom. It is a fact that as yet I have been able to find no pathogenetic effect in which there is, in connexion with Sulphur, an expectoration of blood from the chest.

514. In regard to the production of cough, Sulphur has a wide range of action.

Sulphur produces a *dry cough*, as is exhibited in p. e. :—

(1122.) A dry short cough, merely on walking in the open air.

(1123.) A short cough in the evening, in sleeping and sitting.

(1132.) A dry cough, suddenly, as though the lungs would be torn out, with increased headache.

(1133.) Dry cough in the evening, as also at night; and then, towards morning, some expectoration, and a feeling as though internally some little bladders were burst.

515. Sulphur produces *expectoration*, which is characterized by a peculiarity exhibited in p. e. :—

(1138.) An expectoration from the chest, tasting like an old catarrh.

516. The concomitant conditions under which the cough of Sulphur manifests itself are striking. Thus, the cough is excited by talking :—

(1118.) Tickling in the windpipe; speaking excites coughing.

This is often exhibited in the cough of the consumptive.

Again, the cough is associated with *coldness of the hands, sweat of the head and of the face* :—

(1125.) Much cough on going to sleep, with heat in the head and the face, and cold hands.

517. One feature, in connexion with the cough of Sulphur, is its powerful effect on the head—a fact well worthy of attention in its selection in the treatment of Phthisis.

518. It produces the effect on the head, both during coughing, and after coughing :—

(1141.) In coughing, headache, as though beaten and torn.

(1142.) In coughing, much pain at the back of the head, as from an ulcer (immediately).

(1145.) In coughing, dartings in the bones of the side and back of the head.'

(1146.) In coughing, dartings at the forehead outwards, so that she is obliged to hold it with the hand.

(1147.) In coughing, painful throbbing (stosse) in the head.

519. So that pain is produced by coughing in the head itself, in the forehead, in the temples, and at the top of the head, in the back of the head, and at the back part of the top of the head.

520. In regard to the cough of Sulphur, there is a peculiarity indicated by the following p. e. :—

(1120.) He wishes to cough, and cannot; blackness comes before his eyes.

This peculiarity is illustrated more fully by the p. e. :—

(1119.) An irritation inducing cough after eating, so great that he cannot cough quickly enough: his chest is drawn as by cramp, and he chokes as though about to vomit.

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521. In many forms of Phthisis, the chest affection is often marked by a sense of *burning*.

Sulphur produces this state, as will be seen in the p. e. :—

(1220.) Burning in the chest, and great warmth in the face, and at the same time coldness (frost); all the limbs are tired, as though beat to pieces; great thirst till night, twelve hours, when cold and heat lessen, and sweat appears all over the body for three hours (nineteen days).

521 *a*. Hence Sulphur will be indicated where, with the chest affection, there is conjoined a burning.

522. Sulphur represents, in its pathogenesis, a *form* of mid-day *fever* frequently present in Phthisis. This form is represented in the following p. e. :—

(1944.) Fever at mid-day, much internal heat, with redness of the face at the same time.

(1946.) Fever every forenoon, inward cold daily increasing, with giddiness, as though the head would sink down, without thirst; afterwards weariness so great that he cannot step up the stairs; sweat night and day merely on the head, which is swelled up.

1950.) From mid-day to evening, fever heat with thirst.

523. The following peculiar pathogenetic effect of

Sulphur is worthy of being borne in mind in connexion with the fevers:—

(1943.) A feeling as though warm air came now more, now less, on the thighs. Evening eight o'clock (one day). (*Ng.*)

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524. The *sweat* of Sulphur occurs chiefly in the morning:—

(1956.) Copious sweat, early in the morning, merely on the itching parts.

This pathogenetic effect presents a peculiar feature, namely, its occurrence only in the itching parts:—

(1956.) Great sweat merely on the itching parts. (*Fr. Watcher.*)
(1959.) Early in the morning sweat on awaking.
(1960.) Much early morning sweat, which comes first on awaking.
(1957.) Early in the morning, sweat on the hands and feet.

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524 *a.* From the above pathogenetic effects, it appears that Sulphur has the power of producing a local sweat; add to this p. e.:—

(1735.) Early in the morning, in bed, sweat in the face and neck, and beating in the limbs on getting up (rising).

The character of the sweat of Sulphur is that it has a feverish smell:—

(1963.) Night-sweats of sourish burnt smell.
(1964.) Considerable night-sweat of a sourish smell commencing in the evening.

SECTION VII.—*On the Sepia Cachexia, as illustrated in the conditions under which Sepia can be employed in Phthisis.*

525. The medicinal action of Sepia is very extensive. Hahnemann in his Chronic Diseases records

1655 pathogenetic effects produced by this medicinal agent in experiments made with it on the healthy.

526. The relation which this pathogenesis has in connexion with the cure of Phthisis will appear in the following remarks.

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527. *Bleeding of the nose* was one of the phenomena noticed as indicative of the phthisical cachexia.

528. Sepia has the power of producing bleeding from the nose, as is evidenced by the following p. e.:—

(319.) Blowing out blood from the nose, and bleeding of the same (six, seven, nine days).

(320.) Bleeding from the nose on blowing it; evenings.

(321.) Much bleeding from the nose (twelve days).

(322.) Bleeding from the nose, seven hours continued, yet only from time to time single drops.

529. There is one characteristic of Sepia in relation to the nose which, being peculiar, is well worthy of notice in itself, and also in connexion with the phthisical cachexia. It is exhibited in p. e.:—

(310.) Swollen inflamed nose, the nostrils irritated (bose) and ulcerous.

(316.) Pimple near the right nostril, which forms itself into a large scab.

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530. *A tightness of the chest* was one of the conditions associated with the premonitory stage of Phthisis. Sepia has the power of producing this, as is exhibited in the p. e.:—

(1045.) Tightness at the chest, early in the morning on awaking.

(1041.) Contraction at the chest, early in the morning and in the evening.

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531. This tightness at the chest was attended with

heart-beating, and Sepia produces a state corresponding to this :—

(1044.) A tightening feeling at the chest, with heart-beating, after mental excitement.

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532. *The condition of the eyes* formed one of the features of the phthisical cachexia. Sepia has a most extensive action on the eyes and the eyelids.

533. It produces 60 p. e. in connexion with these parts and the vision, and consequently where the phthisical disease has been preceded by affections of the eyes, the *pathogenesis* of Sepia should be well studied.

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534. *The condition of the ears* afforded indications of the phthisical cachexia.

535. Sepia has a most extensive action in connexion with the ear. One form of action is exhibited in the p. e. :—

(290.) A thin ichor flows out of the ears, with itching.
(291.) Much mattery eruption on the outer ears.

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536. In regard to the *skin* tissue, Sepia has a power of producing a peculiar YELLOWNESS, which when present, or if it had been previously present in a case of Phthisis, would be indicative, in connexion with other symptoms, of the use of Sepia. This yellowness-producing power is presented in the following p. e. :—

(325.) Yellowness of the face, and of the whites of both eyes, one entire day.
(326.) Yellow spots in the face, and a yellow tint of the shape of a saddle, straight over the upper part of the cheek and nose (twenty days).
(355.) Yellowness about the mouth.

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537. One of the phenomena, not unfrequently precursory of the development of the phthisical cachexia, was the *falling of the hair.*

538. Sepia produces this in a marked degree, as is exhibited in p. e. :—

(694.) Great falling out of the hair.

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539. One of the symptoms of Phthisis was the *dry cough.*

540. Sepia has the power of producing this kind of cough :—

(1003.) Dry cough, as from the stomach and the abdomen, or from stoppage of the bowels; or as if something were left in the stomach which would not pass away.

540 *a.* This p. e. is well worthy of exact consideration; as is the following p. e. :—

(1004.) Dry day-cough, which compels lying down, during which it is quiet; also in the night, lying, there is no cough, but stoppage of the nose.

540 *b.* The violence of the dry cough is exhibited in p. e. :—

(1005.) Severe dry cough, with dartings in the right breast.

540 *c.* But the most characteristic feature of the cough is exhibited in the p. e. :—

(1010.) Cough often dry, asthmatic, and hacking, with pain in the pit of the stomach, and scraping, rough wounded feeling on the top of the throat, (kehlkopf) which is not felt on swallowing the spittle. In sleep, the cough does not awake the patient; but after waking it is very bad, and continues at times snuffling in the windpipe, and expectoration of slime.

541. The evening and the night character of the Sepia pathogenesis is illustrated in the action of the Sepia in regard to the cough :—

(994.) In the evening, after lying down, the cough is strongest.

(1011.) Cough arouses in the night.

542. In this characteristic of the evening aggravation, Sepia approaches to Lycopodium.

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543. Sepia produces *expectoration of blood*:—

(1030.) Short, hacking, severe cough, evening after lying down, with much expectoration of pure running blood once every minute (eight days).

(1029.) Expectoration of blood in coughing, every morning, without pain in the chest.

(1028.) Expectoration, with coughing, of streaky blood, after dinner.

543 *a.* Sepia produces other expectorations:—

(465.) Bloody slime is hawked out in quantity (fifteen days).

544. The fact that the cough of Sepia produces pain in the pit of the stomach is worthy of notice:—

(1012.) Cough day and night, with pain therefrom at the pit of the stomach.

545. Sepia has the power of producing the p. e.:—

(555.) Dry cough after a meal.

545 *a.* In cases of Phthisis, whenever such a symptom presents itself, this power of Sepia will have a practical character.

546. In studying the pathogenesis of Sepia, two conditions attract attention. The first is the powerful action of this medicine in connexion with the *stomach*, and the second, its still more powerful action in connexion with the *womb*.

547. The prominence of these two actions would indicate, that in cases of Phthisis connected markedly with either or with both these states, the curative action of Sepia will it is likely be great.

547 *a.* To guide in the decision as to the employment of Sepia, it may be useful to notice some of the effects connected with the stomach pathogenesis, and some with the womb pathogenesis, of Sepia.

548. In regard to the stomach phenomena, the following general remarks may be useful:—

548 *a*. Sepia produces great bitterness of the mouth after a meal; it produces bitter eructations after breakfast; it produces bitter eructations when rising in the morning, with bitter taste in the mouth; it produces hiccough after a meal; it produces pain in various parts of the body after a meal; it produces nausea to a great degree.

549. The direction in which the action of Sepia has a special relationship to the phthisical cachexia is, that in which the phthisical cachexia has developed itself in connexion with womb disease.

550. The reason of such connexion is to be found in the fact, that Sepia has so powerful an action on the womb. Illustrative of this action the following extracts from the writer's lecture on Sepia may be quoted with benefit—" Sepia is to be regarded as one of the most valuable medicines in uterine disease; the reason why it is so will be seen from the subjoined analysis of its pathogenetic effects.

" The action of Sepia in connexion with the womb and its appendages is illustrated by many pathogenetic effects.

" It has the power of producing a peculiar stiffness, as is exhibited in the p. e.:—

(595.) A painful stiffness in the region of the womb.

" This sensation of stiffness is very frequently experienced. Many women describe it as a kind of mixed feeling of numbness and fulness.

" It produces darting stitches in the womb and parts adjacent, as is evidenced by the p. e.:—

(899.) Stitches in the pudendum (about three days).

(900.) Violent darting in the pudendum up almost to the navel.

(901.) A stitch in the vagina every three or four seconds, and a similar paroxysm of stitches in a quarter of an hour.

"The stitch pain augments to a jerking pain.

(898.) A jerking pain in the vagina from below upwards in the morning on waking from a dream.

"Its special power is the production of the bearing down of the womb. This is illustrated in the p. e.:—

(896.) A pressing, affecting the breath, in the womb, from above downwards, as if all would fall out, together with gripes. In order to prevent a prolapsus, she was obliged to cross one thigh over the other: although it did not prolapse, an abundance of jelly-like leucorrhœa (about ten to twenty hours).

"In regard to the monthly discharge, Sepia has a specific action. It produces the feeling of—

(904.) Pain in the belly as if the menses were coming on (about four days).

"It produces, as its primary effect, the too early appearance of the menses. In one p. e.—

(906.) Menses two days too early.

"In another p. e.—

(905.) Menses six days too early (about four days).

"In another p. e.—

(907.) Menses seven days too early (about three days).

"In another p. e.—

(910.) Menses eight days too early, and too scanty, appearing only early in the morning.

"In another p. e.—

(908.) Menses fourteen days too early (after some hours).

"In another p. e.—

(909.) Menses many days too soon (after forty-eight hours).

(911.) *A discharge of a few drops of blood from the vagina, thirteen days before the time* (about eight days).

"Before the menses it produces—

(920.) Violent colic, with faintishness before the menses.

(921.) Two days before the menses, shuddering coldness all over the body the whole day.

(922.) Before the menses, burning in the pudendum.

(923.) Before the menses, a smarting leucorrhœa, with soreness of the pudendum.

(924.) Before the menses, as if the genital parts were enlarged.

(925.) One day before the menses, a pressure in the belly, and when this passes away, a soreness in the perinæum, and a swelling of the pudendum before the blood makes its appearance."

During the menses Sepia produces the following p. e. :—

(926.) During the menses she is very much exhausted early in the morning.

As it produced before the menses faint feelings; so p. e. : —

(929.) During the menses, in the evening darkness and cloudiness before the eyes, with great weakness, which passes off on lying down.

There is a mental weakness as well.

(934.) During the menses, very melancholy, especially in the morning early.

(930.) During the menses violent aching in the forehead, with a discharge of hardened offensive scabs and matter from the nose.

Here is presented the fetid scabs—

(935.) During the menses, nose bleeding three evenings in succession.

(937.) During the menses pain in the teeth and beating (throbbing) in the gums.

(931.) During the menses, drawing pain in the teeth up into the cheek, which becomes bloated.

(935.) During the menses she cannot sleep on account of a tearing pain in the back, chilliness, and heat with thirst, and a painful drawing up together in the chest.

(936.) During the menses she was obliged to remain in bed two whole days on account of bodily restlessness, drawing pain in the lower limbs and in the belly, with rumbling; the second day, beating of the heart for several hours, in the forenoon with dyspnœa about nine days.

(927.) During the menses a tearing pain in the shin bone.

In connexion with the action of Sepia on the womb, the following p. e. has interest :—

(903.) After coitus, a discharge of blood from the vagina.

(912.) A discharge of blood from the vagina only in walking.

Numerous forms of Leucorrhœa are caused by Sepia:—

(941.) Leucorrhœa as clear as water (twenty hours).

(942.) Leucorrhœa as clear as water.

(947.) Leucorrhœa as milk, only in the day-time, with burning pain, making to feel sore between the legs.

(940.) Yellowish leucorrhœa (about twenty-four hours).

(946.) Leucorrhœa having the appearance of pus.

(944.) A coming away of a green, reddish discharge from the vagina, during pregnancy.

(949.) Soreness from Leucorrhœa, with pain when walking.

(938.) Leucorrhœa, with itching in the vagina (about three days).

Sepia acts generally, and causes p. e.:—

(902.) Itching in the pudendum (about twenty-one days).

Illustrative of this acridity, it produces:—

(948.) Profuse Leucorrhœa of numerous lumps, of an offensive smell, with drawing pain in the lower part of the belly.

(939.) Escape of bloody mucus from the vagina.

As Sepia produces dartings generally, in regard to the genital parts it produces p. e.:—

(937.) Leucorrhœa, with dartings in the womb (about twenty-five days.)

Knorre cured the following case with *Sepia*:—Abundant flow of thick yellowish mucosity, not acrid, during the day only, and not lasting in the night; fulness, extension, heaviness, tension of the lower part of the belly, painful and continuous pressure, from below upwards, in the sides.

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551. From this action of Sepia in connexion with the womb, and from its power of developing diseased states of the stomach, more particularly in the state of pregnancy, it is not unlikely that it will be highly valuable in cases of Phthisis which occur in pregnant women, or associated with the state of pregnancy.

SECTION VIII.—*Additional remarks on the Kali Carbonicum Cachexia, the Causticum Cachexia, the Arsenical Cachexia, and on some other Medicines, as applicable to the cure of Phthisis.*

552. The illustrations already given of the action of Calcarea, Lycopodium, Nitric Acid, Sulphur, and Sepia on Phthisis, will serve to present a basis on which the pathogenetic structures of the medicines having a curative power in regard to this disease can be reared.

553. The rearing of such structures in relation to these other medicines with the minuteness, already presented in connexion with the medicines examined, would render this work too large.

554. An attempt thus extensive must be given up; but it is deemed necessary to embrace in this section a statement, in a more general manner, of some pathogenetic features of other medicines.

555. The first medicine to be noticed is *Kali Carbonicum.*

556. In regard to the second stage of Phthisis, not unfrequently the stools become constipated.

557. Calcarea has the power of producing this state; but it is not its primary power, since the pathogenesis of Calcarea shows that it has the power of producing *soft stools.*

558. It will be then useful to inquire whether any medicine, which corresponds to Calcarea in the production of those effects that are homœopathic to the phenomena of Phthisis, has at the same time the power of producing constipation.

559. Such a medicine is *Kali Carbonicum* (Gewächs Langensalz).

559 *a.* It has the power in a marked degree of producing hard stools:—

(742.) Hard stools (for three days).
(743.) Hard stools, with painful contraction in the belly.
(744.) Very hard stool, and uneasiness in the belly.
(745.) Hard, difficult stool; at times with great urging.
(747.) Girdle-kind of stool, passing away only with pain and fatigue.
(448.) Three times less stool, but otherwise natural.

560. Kali Carbonicum has, like to Calcarea, the power of causing sweats, and these at night.

561. Kali Carbonicum has, like Calcarea, the power of producing general sweats, as also sweats on special parts of the body.

562. Kali Carbonicum has the power of producing in a marked degree ulcerations, and all manner of conditions in connexion with glandular ulcerations; and as the phthisical development, as exhibited in the phenomena of the second stage, presents itself in connexion with ulcerative changes in the tubercles, it becomes clear that Kali Carbonicum must have a curative action in some forms of Phthisis.

563. In connexion with this action of the Kali Carbonicum, it is interesting to notice, that for the healing of a scrofulous ulcer it is essential that all the scrofulous substance must be removed before the healing can take place. The same conditions take place in connexion with the ulcerated tubercle in the lung; and perhaps no medicine will carry the process through more effectually than the Kali Carbonicum.

564. The following remarks are general:—

The cachexia of Kali Carbonicum presents phenomena which represent the conditions exhibited in the more advanced stage of Phthisis, expressed by the title of Ulcerous Pulmonary Phthisis. Dr Currie remarks, " A patient attacked by Ulcerous Pulmonary Phthisis will rarely be cured without the use of this antipsoric remedy."

565. This medicine has analogies with Calcarea Carbonica; thus, the latter produces a tendency *to twist and strain the loins.* Kali Carbonicum produces the same.*

566. K. C. produces cold feet; so does C. C.

567. K. C. produces profuse sweats when the person is walking; so does C. C.

568. K. C. analogizes with C. C. in producing the too early appearance of the monthly discharge; also in producing the whites.

569. K. C. analogizes with C. C. in producing obstruction in the nostril.

570. K. C. produces, like C. C., sweating of the feet. The K. C. has the power of producing a fetidity of the sweat. (Might it not be useful when expectoration is fetid ?)

571. K. C. analogizes with C. C., with Lycopodium, and with Nitric Acid, in producing a falling off of the hair. K. C. produces specially a dryness of the hair.

572. K. C. produces constipation, the constipation being attended with a difficult passage of the fæces, and the fæces have mucus passed with them. Previously to going to stool there is a feeling of anxiety, and the stools are very large and moulded. C. C., on the other hand, produces soft stools.

573. K. C. is special in producing eruption and excoriation between the thighs during the menses.

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* K. C. in future passages will represent Kali Carbonicum; C. C., Calcarea Carbonica.

574. K. C. is special in producing the absence of the sexual appetite, the absence of erections, and emissions.

575. K. C. produces expectoration of pus with a cough, more especially spasm of the chest in coughing, and difficult breathing.

576. K. C. is evidently suited to scrofulous diseases, and hence where scrofula has preceded in a marked degree the development of Phthisis, it will be a duty to regard the pathogenesis of K. C.

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577. The *Causticum* cachexia is indicated by many marked characters.

578. The power which it has of producing numerous effects on the eyes and vision will guide to its choice.

579. It produces fistulæ of the gums.

580. It produces involuntary emissions of urine day and night; also involuntary emissions of semen; it produces insecurity in walking.

581. It produces eruptions on the nose, also growths on the nose and the eyebrows.

582. It has as its character more particularly the power of producing *paralytic conditions*, and consequently where Phthisis develops itself in individuals, in whom the paralytic state, either generally or of local organs, exists, or has existed, the pathogenesis of Causticum in relation to such cases should be studied.

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583. The *Arsenical* cachexia is represented where the patient has been subject to quotidian or intermittent fever; where the patient has been subject to whites which have an acrimony; to excessive monthly

discharge, where there is an oppression of the breathing on mounting a height, and a weight at the breastbone, and bleeding from the gums and the lungs; where the patient has been subject to swellings with pain as of scorching in the great toes; to ulcers of long standing, with burning and lancinating pain, and obstruction of the mesenteric glands; and especially where there is excessive wasting. Add to these, when the patient has been subject to common cutaneous eruption.

584. Add to these conditions the power of arsenicum to produce diarrhœa, and in persons phthisical, who have been subject to the diarrhœic condition, the employment of arsenicum will be indicated, at least so far as to justify a diligent study of the pathogenesis of the medicine in relation to the phthisical case.

585. It will be useful also in these cases of Phthisis where the patient has cold shivers, with difficult breathing, and blueness of the fingers and of the nails in the morning.

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586. The following special points in connexion with the selection of medicines will afford some ideas which may be useful:—

587. *Belladonna*, it is well known, has a powerful pathogenesis, and consequently an equally powerful curative agency in regard to swellings of the glands of the throat. From this it will appear that, in a case of Phthisis supervening on the sudden disappearance of swelling of the glands of the neck, this medicine will be useful.

588. The circumstance connected with its powerful

curative action in scarlatina would lead to its use in cases of Phthisis which may have occurred subsequent to scarlatina.

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589. *Manganesium* is contained in the human hair. The query suggests itself, would it not be useful to give Manganesium in Phthisis where, with the disease, the hair falls off?

590. From the pathogenetic effects which it produces in connexion with the throat, its utility in Phthisis, preceded by and attended with throat disease, will be apparent.

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591. Where, in cases of Phthisis, the bleeding of the nose is associated with *offensiveness of breath*, as it often is, especially persons at the age of puberty, at which age Phthisis so frequently manifests itself, *Baryta Carbonica* will be useful, as it produces p. e.:—

(182.) Bleeding of the nose, often during the day (twenty-four hours.)
(183.) Frequent nose bleeding.
(184.) Frequent and abundant bleeding of the nose (twenty-four hours).
(185.) Bleeding of the nose, of bright red blood. (*N.G.*)
(186.) In blowing the nose, each time there comes a streak of blood. (*N.G.*)
(187.) Nose bleeds easily on blowing and washing.

591 *a.* In regard to the smell, it produces p. e.:—

(291.) Insupportable smell from the mouth, which he himself does not feel (five days). (*N.G.*)

Add to this that Phthisis is often associated with glandular swelling, and Baryta Carbonica produces glandular swelling, particularly about the neck, and its adaptability to some cases of Phthisis seems evident.

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592. In the preliminary stage are present the con-

trary states of excessive vivacity and of depression—of brilliancy of the eye, and of the opposite—of joy and of its opposite—of fitness to overcome any difficulty, and of inability to cope with the slightest. To these symptoms Opium has a pathogenesis strikingly correspondent, and it will be particularly suited, if with these symptoms constipation, alternating with diarrhœa, the diarrhœa being less prominent than the constipation; and the reasons why it is suited will appear from the study of the pathogenetic effects of Opium.

593. The examination of these medicinal cachexiæ abundantly proves that these medicines have great power over the states of the mind. On the other hand, the examination of the phenomena present in Phthisis equally proves that the variations of the mental states form one of the most marked features in the disease.

594. Dr Sanders remarks:—

"When the mind of the patient is hypochondriacal, is too easily or unreasonably impressed with either joy or despair, we must not believe that she is nervous, or, in other words, that her troubles are ideal, and require no medical attention. There is as much reason for assistance when the actions of the mind are irregular as there is when an arm or a leg is convulsed or paralyzed."—(Pp. 143, 144, *lib. cit.*)

595. Though Dr Sanders recognises the necessity of such mental treatment, he had no effective remedy. It is true he suggests for the relief of these states lively conversation, horse-riding, boating, generous diet, wine, and, if food disagrees, brandy and water—means, some of them, quite inconsistent with the diseased state present in Phthisis. The homœopathist

has remedies which have the power of meeting, by their direct action, these mental conditions, and thus curing the disease at the same time that they remove the mental state connected with the disease; and the homœopathist is thus favoured, because his knowledge of remedial means is founded on the pathogenesis of medicines derived from experiments on the healthy.

596. It will be seen that though all the medicines have the power to produce sweat, Calcarea has the power in the most marked degree; and that, further, as Calcarea cures so many diseased states in which the production of sweat is a prominent symptom, it is to be inferred that Calcarea will be one of the chiefest medicines in Phthisis, in which the development of sweat is so marked a feature; indeed, Calcarea may be regarded as the highest in rank in reference to the power of cure of Phthisis.

[The writer presents this chapter, lengthened though it be, as only a brief description of what is necessary to be known in order to attain to the successful treatment of Phthisis.]

CHAPTER VIII.

GENERAL REMARKS ON THE TREATMENT OF PHTHISIS.

597. Having unfolded in the preceding chapter the pathogenesis of some of the medicines more especially applicable to the cure of Phthisis, and having referred as well to some effects of individual medicines, it will be useful to detail a few general views in connexion with points on the treatment of Phthisis, as thence general indications will be afforded, enabling the practitioner more readily to fill up the blanks in the treatment, and will thus serve to forestall the necessity of extending the work to a size unsuited to the object of its publication.

SECTION I.—*On the Treatment of the Heat.*

598. The first point to be referred to in the general treatment is the HEAT which manifests itself in the course of the disease.

599. In removing the disagreeable and distressing sensation of heat, which, in the fever of Phthisis, invades the *extremities*, the sponging of the parts with a lotion made of the first dilution, diluted with water, of the remedy in use by the patient, is highly beneficial.

600. The explanation of this utility is, that the action on the disease becomes thus (the medicine being used internally as well) both circumferential and central: circumferential by the remedy externally applied—central by the internally administered remedy.

600 *a*. It may be stated as a general rule, that the employment of external remedial applications, unconjoined with the internal employment of the remedy, is not desirable, as such employment is oftentimes not radically curative, and might, under certain circumstances, throw the diseased action in the system on some internal organ more affective of the health than that in which the diseased action at first intrenched itself.

601. The most skilful treatment is that which cures centrally.

602. A fact illustrative of the power of the combined action was presented in the case of the late Baron de Bode. He was ordered by the writer, for some diseased state from which he suffered, to take Arnica, a globule interiorly, and to use at night, on going to bed, the Arnica foot-bath.* He did so, and

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* See the subjoined pamphlet:—

"A Treatise on the Virtues of Arnica, Rhus Toxicodendron, and Calendula, in reference to Wounds, Bruises, and other diseased States thereupon consequent." By John Epps, M.D.

This was published in the "Lancet," in the year 1840, as an essay on the virtues of Arnica.

The essay was subsequently enlarged, and was published as a separate work in 1841, under the title, "On Arnica Montana and its beneficial effects as a Remedy for Bruises, Falls, Wounds, Sprains, Lacerations, Corns, Swellings, excessive Fatigue and its consequences."

In 1850, a second edition was published, entitled, "A Treatise on the Virtues of Arnica, Rhus Toxicodendron, and Calendula."

London: Sold by Piper, Stephenson, & Spence, 23, Paternoster Row. Pp. 112. Price 1s.

while sitting with his feet in the water he went fast asleep; and when he awoke in the morning, he found his feet and legs, instead of being cold, as he expected, the water at this time being perfectly cold, "quite cozy and warm." The action thus resulting must have been caused by the two actions of the Arnica, externally and internally applied.

603. When the febrile heat is general, and when, as Dr Currie pointed out, the temperature of the body is *steadily above the natural standard*, the patient may use with benefit the cold affusion.

603 *a*. The following rules, given by Dr Currie in his work on the use of cold water, embody all that is required to be attended to:—

"It will be proper to premise, that when the term fever is used in the present work without any adjunctive, it is the low contagious fever that is meant. This is the typhus of Dr Cullen; the contagious fever of Dr Lind; the febris irritativa of Dr Darwin. In popular language, it is generally called the nervous fever, and, where particular symptoms appear, the putrid fever. It is usually produced in situations where there is a want of cleanliness, and more especially of ventilation; and when produced, it is propagated by contagion. This is the common fever of England. Dr Cullen has defined the disease as follows:—'Morbus contagiosus; calor parum auctus; pulsus parvus, debilis, plerumque frequens; urina parum mutata; sensorii functiones plurimum turbatae; vires multum imminutae.' In sixteen years practice I have found the contagious fever of Liverpool remarkably uniform, and in general to correspond exactly with this concise and perspicuous definition. This disease prevails chiefly among the poor, who, from the nature of their diet and habits, are peculiarly exposed to the causes that produce it. Seldom extending itself in any considerable degree among the other classes of the community, it has been supposed that Liverpool was little subject to fever; but this will be shown, from authentic documents, to be a great and a pernicious error.

"Whoever has watched the progress of fever must have observed the justness of the observation made by Cullen, Vogel, De Haen, and others, that even those denominated continued, are not strictly such, but have pretty regular and distinct exacerbations and remissions in each diurnal period. In this space of time, Dr Cullen contends, that an attentive observer may commonly distinguish two separate paroxysms. My observations do not enable me to confirm his position in its full extent—but one exacerbation and one remission in the twenty-four hours seem generally observable. The exacerbation usually occurs in the afternoon or evening, the remission towards morning. These exacerbations are marked by increased flushing, thirst, and restlessness. If the heat of the patient be at such times taken by the thermometer, it will be found to have risen one or two degrees in the central parts of the body above the average heat of the fever, and still more on the extremities. The safest and most advantageous time for using the aspersion or affusion of cold water, is when the exacerbation is at its height, or immediately after its declination is begun: and this has led me almost always to direct it to be employed from six to nine o'clock in the evening; but it may be safely used at any time of the day, *when there is no sense of* *chilliness present, when the heat of the surface is steadily above what is natural, and when there is no general or profuse perspiration.* These particulars are of the utmost importance.

"1. If the aspersion of cold water on the surface of the body be used during the cold stage of the paroxysm of fever, the respiration is nearly suspended; the pulse becomes fluttering, feeble, and of an incalculable frequency; the surface and extremities become doubly cold and shrivelled, and the patient seems to struggle with the pangs of instant dissolution. I have no doubt, from what I have observed, that in such circumstances the repeated affusion of a few buckets of cold water would extinguish life. This remedy should therefore never be used when any considerable sense of chilliness is present, even though the thermometer, applied to the trunk of the body, should indicate a degree of heat greater than usual.

"2. Neither ought it to be used when the heat measured by the thermometer is less than, or even only equal to, the natural heat, though the patient should feel no degree of chilliness. This is sometimes the case towards the last stages of fever, when the powers of life are too weak to sustain so powerful a stimulus.

"3. It is also necessary to abstain from the use of this remedy when the body is under profuse perspiration, and this caution is more important in proportion to the continuance of this perspiration. In the commencement of perspiration, especially if it has been brought on by violent exercise, the affusion of cold water on the naked body, or even immersion in the cold bath, may be hazarded with little risk, and sometimes may be resorted to with great benefit. After the perspiration has continued some time, and flowed freely, especially if the body has remained at rest, either the affusion or immersion is attended with danger, even though the heat of the body at the moment of using them be greater than natural.—Perspiration is always a cooling process in itself, but in bed it is often prolonged by artificial means, and the body is prevented from cooling under it to the natural degree by the load of heated clothes. When the heat has been thus artificially kept up, a practitioner, judging by the information of his thermometer only, may be led into error. In this situation, however, I have observed that the heat sinks rapidly on the exposure of the surface of the body even to the external air, and that the application of cold water, either by affusion or immersion, is accompanied by a loss of heat and a deficiency of reaction, which are altogether inconsistent with safety. Each of these points will be illustrated more fully in the sequel.

" Under these restrictions the cold affusion may be used at any period of fever; but its effects will be more salutary in proportion as it is used more early. When employed in the advanced stages of fever, where the heat is reduced, and the debility great, some cordial should be given immediately after it, and the best is warm wine."

604. In connexion with the febrile heat present in Phthisis, Galen notices a curious fact, that the velocity of the pulse in this fever is not diminished, as happens in most other fevers, by the surface of the body being cooled.—(*De Differentia Febrium*, *lib. cit.* 12.)

605. This fact will lead the judicious practitioner not to expect too much from the cold affusion, even in the fever: a little may be gained, and that little

should not be neglected. Besides, the use of all such means is a doing, and all sick persons, when no excessive debility interferes, like doing, because it encourages hope of cure.

606. The character of the fever of Phthisis is marked. It presents, in common cases, the marked periodicity.

607. In almost every case are present, more or less developed, the morning chill, the afternoon flush, the night sweat, and the cessation of the symptoms after the sweats, sleep often occurring.

608. From the description already given of the pathogenesis of Calcarea, it will be seen that Calcarea corresponds to this fever in numerous cases; Lycopodium in other instances.

609. In the cases where there is great coldness in the morning, lividity of the countenance, great increase of difficulty of breathing, thirst, and the patient is particularly affected when sitting writing, Arsenicum should be taken in the morning, and Hepar sulphuris in the evening.

SECTION II.—*On the Expectoration of Phthisis.*

610. In relation to the cure of Phthisis, it will be useful to notice some considerations in connexion with the expectoration presented in this disease, and more particularly with the expectoration of pus.

611. In reference to this expectoration, it is to be noticed, that the formation of pus is not to be considered as essentially destructive; indeed, often it is a manifestation of a curative action.

612. When an ulcer has formed on the surface of

the body, the matter discharged therefrom, if the previous stages are favourably modified, assumes the character of healthy pus, although at first the discharge might have been composed of blood and unhealthy pus; a fact proving that the formation at first of an unhealthy pus does not of necessity imply destructive action, since the very destruction of parts necessary in the production of pus in a diseased part, causes the presence of substances in the internal cavity, those substances consisting of the original substance decayed and lodged in the purulent matter.

613. If the suppurative process degenerates, *i. e.*, if the ulcer becomes less healthy, then the pus becomes thin, sanious, and viscid, ill-coloured, fetid, and even putrid.

614. So when pus is formed in the lungs, the first portion discharged may be of an unhealthy character, but it does not follow that the ulcer, whether in the substance of the tubercle itself or in the ulcerated mucous membrane, should continue to discharge such matter. It may improve in its character—it may degenerate. The duty of the physician is to insure its improvement, and the means for realizing this consists in the employment of the appropriate homœopathic remedy.

615. If the pus is healthy, its formation does not indicate fatal results.

616. Indeed, pus is found where there is no ulceration. Dr Haen found pus in the bronchia, where no signs of ulceration were present; and his inference was, that pus must have been generated in the blood. —*Ratio Medendi*, cap. vi. p. 214.

617. The difficulty in the treatment of the conditions connected with purulent expectoration from

the lungs, consists in causing the parts in the lungs, modified by the phthisical cachexia, and weakened by that which has caused the debility, to assume and *continuously to keep* up a healthy character.

617 *a.* The continually keeping up the healthy action is the difficulty, since how painfully does the practitioner detect that, while the expectoration has continued to improve for many days, all of a sudden it alters, and the expectoration presents characters quite opposed to the healthiness of condition of the ulcer; and how often, further, does he find that this change depends on the transgression by the patient of directions in regard to diet.

617 *b.* The great difficulty in the treatment consists in the state, so troublesomely present in the treatment of ulcers in all parts of the body, namely, the influence, so powerfully active, of any deviation from the rules of diet necessary to be followed. Many an ulcer is going on well towards healing up, when the person affected with the ulcer takes some beer or other stimulus. The next day his transgression appears in the fact that the ulcer, in the leg it may be, presents an unhealthy appearance, and the discharge has assumed a less healthy character.

617 *c.* The same changes take place in ulcers affecting any structure constituting a part of the lung substance. Changes in diet, sometimes apparently trivial, cause unfavourable modifications; and these changes are very likely to take place, because the nature of the disease itself creates much personal sympathy with the sufferer, and this sympathy is not unfrequently shown by the presentation of foods deemed "nice,"—a character necessitating injuriousness when take [illegible] rtaking of these

foods (which the patient from their niceness is tempted to eat, when actual appetite does not require them), the progress of health in the ulcer is arrested, and unhealthy action supervenes.

618. The notions frequently put forth that the access of air to the wounded surfaces, and that the continual motion of the lungs frustrate all attempts to induce a cure, are unfounded; for ulcers often form in the lungs and heal spontaneously; in fine, the chief causes of anxiety are connected with the spreading and the degeneracy of the ulcerated surface.

619. The description of the way (paragraphs 93 *a*, 93 *b*, 94, 95, 96) by which nature attempts to prevent both the spread of the ulceration and any injury to the blood-vessels traversing the ulcerated cavities in the lungs, shows the great aid afforded by the powers of the system to render the ulceration not injurious to the system.

620. Many have argued, that as nature produces expectoration in this disease, it is wise in attempting to cure Phthisis to follow her steps, and to try to produce expectoration.

620 ***a***. This assumption is based on the supposition that expectoration is in itself beneficial; but it is well to reiterate the view, that it does not follow because an effect is produced by nature, that the attainment of such an effect is to be sought by the physicians. The secretion which is expectorated is so much taken from the blood, and is produced by an increased and modified action of the secretory vessels existing in the lining membrane of the bronchial tubes. This secretion must tend to augment the debility already existing in the lungs, and this subtraction of the nutrition to be derived from the blood must cause an organ

already debilitated to pass into a state more and more unfitted to resist the progress of injurious change in the tubercles.

621. The chief argument in favour of producing expectoration is founded on the fact, that the severe symptoms in inflammation of the lungs have their severity lessened when the expectoration of the rusty-coloured sputa takes place.

621 *a*. But inflammation of the lungs is not Phthisis. The expectoration in Phthisis is generally indicative of the injurious advance of the disease; though it is a fact that in some cases cure is more easily effected in this stage than in the preceding stages of Phthisis.

622. The symptom of expectoration is of use to the homœopathist. He studies the expectoration carefully, because he knows that if he can find a medicine which can produce effects similar to those of the phthisical disease, and a secretion from the mucous membrane of the air-passages similar to that which is expectorated, he will be able to arrest and modify favourably the disease; and thus, though he does not seek to produce expectoration as a primary object in curing the disease, he seeks, when expectoration is one of the symptoms of the phthisical disease, to realize a medicinal expectoration, because he knows that the medicine which will cure the disease must have the power to produce an expectoration similar to that presented in the disease.

623. The homœopathic practitioner imitates nature; but his imitation is curative, because regulated by a law, *i. e.*, he imitates in the way which he knows the Creator has associated with cure.

624. The great object of search is to find out the

medicines that have the power of creating an expectorated matter similar to that which is presented by the phthisical patient in the various stages of the disease.

624 *a*. The pus expectorated may be and is in many cases the result of the changes in the state of the tubercle. It is a product, when so caused, of ulceration; and the query occurs, why should not an ulcer in the lungs be curable as well as ulcers in the other parts of the body?

625. A difficulty exists in the peculiarity of the tubercular cachexia. In regard to ulcers in other parts of the body, there is a great difference in the rapidity of healing; and the tubercular cachexia is one that does not favour healthy action.

626. But homœopathy presents medicines that have the power of causing, among their pathogenetic effects, ulcers that are difficult to heal, and therefore such medicines will cure disease-produced ulcers having the character of difficulty to heal. Among these Phosphorus and Asafœtida hold a high position.

627. The ulceration is in itself a kindly effort of nature, but requiring on the part of the physician skilful direction. It has been shown (106 *b*) that the expectoration of all the tubercular matter in any gland is essential to the healing of that gland; so the expectoration of pus in Phthisis is not in itself an injury: but the difficulty is to find a medicine or medicines which will ensure the expulsion, by expectoration, of the whole of the tubercular matter, and the healing of the ulcerated cavity formed by such expectoration.

628. To ascertain these medicines, it is necessary to study diligently the pathogenesis of medicines to

produce the remedies corresponding to the different matters expectorated.

629. Expectoration has various forms. It has the appearance at times of boiled rice, streaked with white and yellow streaks.

630. Sometimes it has the appearance of flocculent globular masses.

631. Sometimes the expectoration has a sickening odour.

632. Sometimes it has chalky particles in it.

633. Sometimes, indeed frequently, it is partly purulent, partly mucous.

634. Sometimes there is no expectoration at all, though such cases are, relatively to those cases in which expectoration abounds, rare.

635. These remarks lead to the inquiry, *In which stage of tubercular Phthisis is cure to be expected?*

636. The writer's experience is, that cure is most frequently effected in the latter stages.

636 *a.* In this opinion he finds himself in harmony with Laennec, who, while asserting the incurability of consumption, states that in some cases the disease is curable in the latter stages, *i. e.*, after softening of the tubercles, and the formation of an ulcerous excavation.—(*Laennec*, *Diseases of the Chest*, 2d Ed. p. 299.)

636 *b.* Dr Good testifies to the same. He says:—

"I can distinctly aver, that I have seen Phthisis terminate favourably in one or two instances, where the patient has appeared to be in the last stage of the disease, with a pint and a half of pus and purulent mucus expectorated daily, with exhausting night sweats and anasarca."—(P. 502, vol. ii., *Study of Medicine.*

636 *c.* Dr Parr affirms (adds Dr Mason Good) that he has witnessed six cases of decided Phthisis recover spontaneously.

636 *d.* The editor of the 2d edition of Dr Mason Good's work remarks:—

"Many experienced practitioners still incline to Bayle's opinion, that tubercular consumption is incurable; the disease, however, may be retarded, and patients may live with it some thirty or forty years:" which is virtual cure.

636 *e.* Add to these corroborative facts, that eight to ten cases of cicatrization of the lungs after tubercles are recorded by Andral in his *Clinique Medicale*, tom. iii. p. 382, *i. e.*, cured in the latter stages of the disease.

SECTION III.—*Concluding Remarks on Treatment.*

637. It is true that the whole of the symptoms corresponding to the whole of the pathogenetic effects of any of these medicines may not be present in a given case of Phthisis at a specific time; but if they have been present at any period of the patient's life, and have disappeared without having been cured with the appropriate medicines (a case under allopathic treatment most frequent; also many symptoms disappear under improved hygienic conditions, the diseased states passing into latent states), these symptoms, once present but now absent, may be regarded as constituents of the cachexia affecting the system, and consequently in their totality will help to guide to the remedy to be chosen.

638. People have an idea that, because some diseased state, to which as a part of their case they

referred, occurred years since, it has nothing to do with their present state. This is a great mistake, as it is ever to be remembered that the disease, when existing in part of the body, was existing, and the system must have been more or less modified by such disease, which modification formed part of the aggregate of the various changes through which the life-power of the individual body has had to pass, and must be taken into consideration in the treatment.

639. These views are illustrated by the following fact:—

The writer was sent for in great haste to see Baron de Bode. He lived at that time at Norwood. On reaching him the writer expected, from the description of the symptoms, to find him dead. He was alive, but in great agony. He could hardly speak, from an agonizing oppression at the pit of the stomach, which afflicted his breathing so much, as to make him and his family believe every moment would be his last. He had made all his arrangements for death. His symptoms indicated approaching death from that condition of the lungs which is produced when a person dies from suffocation, or rather what is called asphyxia of the lungs. Still, there were some symptoms absent which generally attend that state. This led to the inquiry whether the Baron had ever experienced any injury at the part where the pain and the oppression were felt. At first he could not remember, but subsequently stated, that when he fought with Macdonald's division of the French army, a cannon ball passed before him, passing between the horse's head and the chest of the Baron. It seemed at the time to strike him: it passed him, and made, as he expressed it, a "rag fair" of his aid-de-camp, cutting him in half. The Baron's horse shivered and went on his knees from the shock. Excited by the battle, the Baron took no further notice at the time, but felt as if he had been bruised.

These facts led the writer at once to the belief that the injury then inflicted was now called into activity, and he prescribed for the Baron Arnica internally, and an Arnica poultice applied externally. In the course of an hour the Baron was relieved of his symptoms. The accident in this case occurred nearly forty-five years before the time at which the treatment recorded was adopted.

640. Many similar illustrations, in connexion with the action of Arnica, are detailed in the treatise already referred to, p. 187.

641. It has been ignorantly asserted that homœopathists look only to the symptoms, and pay no regard to the cause, treating with contempt the old adage which teaches "to remove the cause," "tolle causam." The homœopathist pays the highest attention to the cause, knowing as he does that a knowledge of the cause will often give him power of deciding what is the remedy for a given set of symptoms, which, without any knowledge of the cause of the diseased affection, he would have had the greatest difficulty to select.

642. The writer has known (an illustration has just been given) the most dangerous diseases cured by the use of Arnica, the selection of which had been induced by the fact having been ascertained that an injury had been inflicted, it may have been years

before, in the part diseased; indeed, the writer has known such results from the use of Arnica when the injury had been inflicted twenty years before.

643. So, in the treatment of Phthisis, it is highly important to recognise the cause which may have instituted the phthisical cachexia, as well as the cause of developing the weakness which induces the activity of the physical cachexia.

644. The necessity of looking to the cause of the weakness in the lung-tissue is illustrated by the following case of Dr Gardner:—

"A gentleman consulted me for symptoms which had been pronounced consumptive by several medical men. He had taken cod liver oil, and used blisters and other irritative applications to the chest, but with no benefit—the fever, night-sweats, debility, and cough continued unabated. As this patient had travelled in Holland recently, and could trace the commencement of his suffering to his first arrival home, I suspected the case to be one of irregular remittent fever, attributable to marsh miasma, rather than consumption, although the physical symptoms, had I trusted to the stethoscope, would have misled me. It is in such cases as this that a chemical investigation of the secretions becomes of the utmost value. Accordingly, on pursuing such an examination, I found my suspicions justified; there was no evidence of tubercle, and within three weeks the careful use of antiperiodic remedies completely banished all the symptoms, and the patient's recovery was complete."

645. On looking at the *cause*, it will be found that when a phthisical patient has been in early life given

to drink, he will die more speedily, and from an amount of disease which in other circumstances would not have caused his death. In January 1857, the writer was requested to visit a patient whom he had treated when he practised the old system medicine. He found the patient, in the opinion of his daughter, hopeless. Still, the patient had a strong desire to see the writer. He was a man of an iron constitution, but he had drank largely, which had so reduced him pecuniarily, that he depended almost wholly on his daughter. He had been four months ill. He had difficult breathing, pain between the shoulders, and pain at the chest; he sweated at night, had expectoration; *but the pulse had not that quickness* which indicates a certain fatality. He sank: in his delirium imagining that the people picked his pocket, though he had no money for them to pick.

646. In reference to the recognition of the *cause*, it has been noticed that inordinate activity of the sexual instinct produces debility of the lung tissue necessary to awaken the tubercular cachexia.

647. The homœopathist, therefore, in selecting the remedy in a case of Phthisis, connected with this as a cause, would seek one which has the power of removing debility caused by this special excess, and homœopathy presents remedial agents having this power.

648. The facts embodied in paragraphs 236, 236 *a*, show the necessity of taking care of the young female, especially in connexion with the natural period, since from the connexion between the womb and the lungs, it is certain that the non-occurrence, or the cessation, of the natural discharge at the regular monthly

period must tend to develop the tubercular cachexia into maturity. Hence it will be highly useful in families where the phthisical cachexia seems to exist, to give during the period, just before the development of the monthly discharge, the medicine suited to the special indication of any cachexial state that may be present, and thus the development of the phthisical cachexia may be prevented from manifesting itself at the time specified. This is the cause must be looked to.

649. Dr Walshe relates that, in Phthisis, a faint nauseous odour, peculiar to itself, attends the urine not unfrequently, and when plainly present, is actually not without diagnostic signification.

650. There is truth in Dr Walshe's statement; but the urine varies much in the different stages of Phthisis, and the pathogenesis of different medicines forms one means by which this state of the urine becomes valuable as a diagnosis; but also as a means of cure, for when a given medicine produces a pathogenesis which in its features corresponds with symptoms of the phthisical affection, and in so corresponding corresponds also with the special state of the urine, the homœopathist has his confidence well founded that such medicine will be the medicine for the cure.

651. In the lung weakness connected with rapidity of growth, there is no medicine which has a more marked effect than Phosphorus. In pale persons, of a scrofulous diathesis, it is remarkable how effectually it serves to check the progress of the disease, but it must be given in very small doses, about the fourth of a globule twice a-day.

652. Where the old system acts beneficially, it does

so because it acts homœopathically. Thus in the diarrhœa the old systemists give Infusion of Roses and Sulphuric Acid. They give it as an astringent and tonic; but the action of the sulphuric acid is decidedly curative of diarrhœa, of which the old systemist knows little or nothing.

CHAPTER IX.

THE MEANS AUXILIARY TO THE CURE OF PHTHISIS.

653. The means that may be regarded as acting as auxiliary to the cure of Phthisis have relation to the air breathed, to the skin and its conditions, to the various bodily exercises, and to diet.

654. The investigation of these auxiliaries will demonstrate, first, that the agencies derivable from these sources will not *cure* the diseased state constituting Phthisis; second, that they have, when their employment is carried out with scientific precision, so decided an effect, that the neglect of these means would imperil the life of the patient, by diminishing in a marked degree the chances of cure.

655. This investigation will be of great use in teaching what can be and what cannot be gained from auxiliaries, since to seek results where results cannot be obtained, and to neglect seeking results where results can be obtained, are equally indicative of a want of wisdom—betray an absence of the true philosophic spirit—" A spirit which is quick to perceive whatever is within the reach of human intellect, but which is not less quick to discern the bounds that limit every human inquiry, and which, therefore,

in seeking must seek only what man may learn."—(*Brown's Philosophy of the Human Mind.*)

656. This investigation will further show the grossness of the ignorance of many writers on consumption in reference to diet,—an ignorance which is a disgrace to men pretending to the title of physicians; and yet some of these writers are considered by the old systemists as standard authorities.

SECTION I.—*Air.*

657. The chief auxiliary agent in the cure of Phthisis is the *removal of the patient to a* DIFFERENT *and a* PURER *air.*

658. The essential action of the air in connexion with the lungs is acknowledged by all who know the circulation of the blood. This general recognition is valuable. To make this recognition practically operative, it will be useful to notice specially the points in which the air is placed in relation to phthisical disease.

659. *As* AIR IS THE FOOD *of the lungs*, it is certain that the purer the air is, the better will be the lungs' food, and the more healthy, as thus fed, will be the lungs; and where the lungs are diseased, the greater chances of their recovery when thus fed.

660. As air is the proper and special stimulus to the lungs, it follows that when an individual who has Phthisis does not reap any additional benefit from one air, it is advisable, indeed it is imperative, to try a new stimulus—a different air. This necessity has a parallelism in connexion with the stomach and its stimuli. It is known that the stomach requires the stimuli to it to be varied by having presented to it different kinds of food.

661. In regard to the influence of change of the air breathed, it is a fact that—

"Recruits, who have been used previously to a country life, are almost uniformly attacked with catarrh on first going into barracks."—(*Tyrrell.*)

That is, they have passed from an open pure air to an air less pure, and hence the irritation of the air-passages, resulting in catarrh.

661 *a.* "If we take a healthy colt from the field, and confine him in an ordinary, deemed a *comfortable*, stable, it will be found, in almost every instance, that within two or three days the colt will be affected with cough and a mucous discharge from the lungs, which will be increased by leaving the colt there, or by removing him to a warmer stable; and if he be so transferred, and in flesh, he will probably get pneumonia."—(*Tyrrell.*)

661 *b.* "On the other hand, like results rarely happen from sending the colt from a warm atmosphere to a cold, from the stable to the field."—(*Tyrrell.*)

662. Public attention has of late been drawn to the great mortality from pulmonary disease among the Foot Guards in the metropolis,—a mortality particularly great, and dependent in part, no doubt, on the impure air of the barracks; but this is not the sole cause. The principal agents are the change from the pure air of the country, and the entrance into a course of dissipation, to which London habits present so many opportunities and incitements; and it is not unlikely there are other causes, which the writer is taking steps to ascertain, and hopes to bring erelong before the attention of her Majesty's Government.

663. The relation which the air bears to the lungs must, it may be inferred, have been recognised by practitioners in all ages, and the utility of pure air in Phthisis must have been perceived.

664. Galen refers to baths, exercise, and country air, as the chief remedies in Phthisis.

665. Celsus recommends for Phthisis change of air.

666. Laennec maintains that change of air is the chief remedy in Phthisis. He considers sea air the best; also that a warm climate is better than a cold one; that country air is preferable to town air.

667. One point of view in connexion with the aid-to-cure-action of country air grows out of the homœopathic doctrine of the curative action of infinitesimal quantities of medicine. The view is, that in the air of the country it is not unlikely the wild medicinal plants may pour out infinitesimal quantities of themselves, which may act curatively on the diseased. The writer has felt, when walking over the scented common of Warlingham, decided effects from the odoriferous particles. And it is interesting to think that the very plants the foot treads on would, if they could speak—they can speak when investigated by Hahnemann's method—tell the sick man who passes by, "Here is your remedy;" and glory be to Hahnemann: he was the first, as just hinted, who practically taught the way to find out the virtues of medicines, by using them in experiments on the *healthy*. Here is a fine field for useful investigation—a field in which every generous spirit can earn honours. Let each try to fit himself for proving on himself the curative powers possessed by the various agents surrounding him. Here is an immortality connected with the

removal of human suffering. Strange to note, vicarious suffering seems the basis of all progress.

668. A condition in relation to the air, auxiliary to the cure of Phthisis, consists in some cases in removing the individual to an air *higher* in temperature than that to which he has been used.

669. Any one who has studied the action of the skin in conjunction with the action of the lungs, must have recognised the great sympathy subsisting between those organs.

669 *a*. Of this sympathy, the fact that persons who die from the effects of burns have their death preceded by symptoms which unmistakably indicate pulmonary disease, is a proof.

670. The fact that the difficulty of breathing and the cough of consumptive patients are relieved when the perspiration breaks out, as generally happens once in twenty-four hours, in severe cases of Phthisis, indicates the same sympathy.

671. It must be (if the views thus put forth are correct) essential, in aiding the cure of Phthisis, to realize, if possible, such a state of the surface of the body as to prevent every rush or impulsion of blood from the skin to the interior organs of the body, more especially to the lung organs, since every congestion produced in the pulmonary tissue must aggravate the diseased state already existing.

672. All sudden vicissitudes of temperature tend to produce such congestions.

673. In connexion with the necessity for an equable temperature, both in the prevention and the cure of Phthisis, the following remarks of Dr Sanders have an importance:—

673 *a* of serious attention that there

is nothing which so frequently induces phthisical affections as the fires kept in our apartments during winter. [Dr Sanders was a native of Scotland.] A person quits an atmosphere which is cooled much below the freezing point, and places himself near a fire, where the temperature of the air is raised much above that of our blood; whence the greater number of sore throats, catarrhs, and incipient consumptions. Nor is the heat the only thing to be dreaded: the floating dust and various effluvia, which necessarily proceed from fires, are unavoidably injurious, even to the soundest lungs."—(*Sanders on Consumption*, p. 70.)

673 *b*. "The immediate effect produced by the sudden change of the atmosphere might be simply likened to the familiar effect produced, only in a much greater degree, by suddenly holding one's hands to the fire after exposure to the action of cold frosty air. One can readily imagine the effect produced by the great and sudden increase of the circulation in vessels previously *constringed* by the application of cold."

674. Excess of food to a hungry man injures the stomach; excess of heat to a chilled man injures the lungs.

675. Add to this the fact, that in most phthisical patients an extreme susceptibility to the impressions of cold exists, and the conviction becomes strengthened, that to aid in the cure of Phthisis it is necessary that the sufferer from this disease should not be exposed to great vicissitudes of temperature.

676. A locality where the temperature is mild and equable should be selected for the phthisical.

677. What Hippocrates states in reference to diseases generally, applies to Phthisis specially:—

677 *a.* "Changes of seasons are most effectual causes of diseases; so are the alternations of cold and heat in these seasons."—(*Aphorisms*, sect. 3, Sprengell's Edition, 1708.)

677 *b.* "When the London Zoological Society was first established, numerous monkeys died from the want of a proper ventilation of their houses. By a proper ventilation, and the establishment of a regulated temperature, a complete stop was put to the occurrence of consumption among the monkeys."—(*Tyrrell.*)

678. These facts open up a hope that comparative anatomy and comparative therapeutics may throw additional light on Phthisis.

678 *b.* "The cultivation of comparative anatomy enabled the genius of Hunter to explain systematically and simply many points connected with the medical art; and thereby he was enabled to lay the most stable foundation for a beneficial union both of the doctrine of the natural action of the living principle (physiology) and of the doctrine of the morbid action of the living principle (pathology)."

679. In connexion with the difficulty of realizing in this insular country an equable and a milder temperature, the question arises—

How far can such temperature be realized by keeping the patient in a room or rooms, the temperature of which is preserved at a given medium by artificial means?

680. Where a mild temperature in winter can be obtained, it should be obtained at once; but where it

cannot be obtained, an artificial climate must be created, care being taken that in realizing this artificial climate *an abundant supply of pure air* should at the same time be ensured.

681. A temperature from 63 to 80 degrees Dr Beddoes considers to be the most suited. Another form of the same opinion is put forth by Mr Read, who recommends patients that are atrophied to live in a cow-house where two to six cows are kept, and to have the temperature continuously at from 63 to 68 degrees. This writer recommends, further, that the animals should be fed on aromatic herbs, and the patient's self on mild vegetable and animal diet. In these recommendations some truth is fancifully lodged.

682. The query occurs, *Are there any places in the British isles where this equable temperature*, or an approach thereto, can be obtained? And another query, perhaps as important as the former, is, *Are there any places in these isles which present special advantages in regard to the cure of phthisical disease?* If the latter query can be answered in the affirmative, the loss of benefit from not being able to realize the equable temperature referred to in the first query will be in part compensated.

683. In regard to equable temperature, as obtainable in connexion with the atmospheric conditions of almost every country, great difficulty exists.

684. The data on which any satisfactory deductions in connexion with this matter can be founded are so few and so limited, as to exclude any consideration, although, from the facts already accumulated, some conclusions can be legitimately arrived at.

685. The examination of these matters in regard to the influence of air establishes the fact, that the influ-

ence, although in some respects estimated rightly, is in many cases estimated too highly. The exaltation of Madeira, of Malta, and of many other places, is a false exaltation. Any benefits to the phthisical patient in connexion with Madeira consists, first and chiefly, in the effect of *hope*, as connected with the expectation of relief. This invigorates the life power, and helps to lengthen out the struggle. A second benefit is to be found in the effect of the *stimulus of change.*

686. Every place famed in foreign countries as beneficial for consumptive patients has been condemned by those who have had experience of the place; hence to the climate, therefore, the curative action cannot be wholly referred, but rather to the new stimulus given to the lungs and to the brain.

687. The second query, Are there any places in the British isles which present special advantages in regard to the cure of phthisical disease?

688. Among the places in the neighbourhood of London, there is one place particularly adapted to consumptive patients. It is a place named Warlingham, situated about sixteen miles from London, on the Surrey Hills.

689. The following letters are illustrative of the efficacy of the air of this locality:—

689 *a.* Extracts from a letter written by the parent of a student of the University College, whose talent and industry may be judged of by the fact that he carried off the gold medal in every class that he attended. He had decided marks of Phthisis—not sufficient to lay him up, but sufficient to make it necessary that he should avoid all means that would tend to develop debility in his lung-tissue. He was

advised by the writer to leave town every Saturday during the winter, to sleep at Warlingham on Saturday, stay there all Sunday, sleep there on Sunday night, and return to town on Monday. He did so for two winters.

LETTER I.

We feel much obliged for the kind interest on our son's account. He has been spending the Easter holidays with us, and returns to town on Monday, and will, I hope, be at Warlingham on Saturday afternoon. I wish he were as much in earnest about spending his time there, as his health, I doubt not, renders expedient. He is *much* better since being under thy care, and we are very desirous that he should fully carry out all thy directions.—H. T.—4 *mo.* 24, 1854.

689 *b.* The gentleman is now (1859) actively engaged diffusing benefits, which the diligent use of his opportunities in London has enabled him to dispense, in one of the most important towns of Yorkshire.

689 *c.* His sister came under the writer's care (1853) for symptoms indicative of latent Phthisis, was cured, and is now (1858) in the possession of good health.

689 *d.* LETTER II.

Highbury, 6th January 1858.

Dear Doctor,—In answer to your note of yesterday, I am able to give you the following particulars:—

You began to attend me for a chest affection in February 1851. The symptoms, amongst others, were pain in the left lung, a cough, loss of flesh and appetite, wheezing and difficulty of breathing, profuse sweats and expectoration. You prescribed spongia, arsenicum, phosphorus, &c. I well remember that I was in a very bad state. In April you sent me to Warlingham, where I remained till the middle of May. I should not have returned home then but for the death of my sister Caroline, and my mother's subsequent journey to France, in which I accompanied her. I was greatly benefited by my visit to Warlingham. I have a lively recollection of its pure, bracing, and exhilarating atmosphere, as well as of the delightful country walks and scenes in its neighbourhood. It must have done me good, for after that visit I did not require to come under your care for any affection of the lungs until March 1852, when, I suppose, our horrible English winter had again developed the latent seeds of disease.

I would gladly give you a further and more minute account of my Warlingham experiences (for I am convinced of the advantage of the place as a residence for consumptively inclined patients), but having no memoranda of what took place so many years back, I am unable to fix my recollection with more than I have stated above.

I may add that my mother's notes and experiences of the circumstances agree exactly with my own. With best love from all our family, I remain, dear Doctor, yours very truly,

T. G. R.

This gentleman is now, September 1859, alive and well.

689 *e*. LETTER III.

December 23, 1857.

My dear Sir,—It is now about eight years since I was attacked with severe inflammation on the lungs, spitting of blood, &c., and having heard of you, I placed myself under your hands, and in three weeks I was able to resume business. I had been taken by a friend of mine to see Dr Cobb, in St Helen's Place, and he pronounced me too far gone, saying that three weeks would determine the matter. Dr Cronin came to see me, having heard I was very bad. He declared that with God all things are possible, but, humanly speaking, it was next to a miracle if I ever became well.

About six months afterwards I was attacked with cholera, during the great cholera year, and was under Dr Kelsall, being a very near neighbour; but for some days I was evidently sinking, when you came to see me, and I immediately rallied. As soon as you gave permission, I was sent to Warlingham, where I recovered quickly. Since that time I have valued highly the air of that place. Not only have I been there when laid up with illness, but also when my health has been pretty good. I have for long periods at a time gone down on the Saturday afternoon and returned on the Monday morning, generally walking up and down from and to Croydon. I believe the air had a peculiar effect on my constitution, as it has also on my family. For several summers we have been there for weeks, and derived the greatest benefit.

Some time ago I recommended a young man to go to Warlingham, who was evidently sinking in decline. He went for a fortnight. During that time he rallied amazingly, and he is now quite well. Many of my friends who have watched me through my various attacks of illness (most of them opposed to homœopathy), say they cannot understand it.

I am, dear Sir, yours very respectfully,

R. S.

689 *f.*

LETTER IV.

To Dr Epps. March 18, 1858.

DEAR SIR,—For a considerable time previous to your treating me, I had been very unwell. I do not remember any particular pain, but I was getting thinner and thinner every day, and consequently weaker. I had lost nearly all the little flesh which I had had. When in this state I got wet, which brought on a distressing cough, a great increase of phlegm, with frequent shiverings, &c. I was afraid to trust myself in every one's hands; for I knew I was a delicate subject, and if subjected to harsh means or improper treatment, there could be but one result, death. I had no faith in homœopathy, so I tried all I knew to doctor myself; but in vain. I got no better, and the disease was daily gaining more hold on me. At last I went to a doctor (an allopathist). The medicine which he gave me produced a great change in me for the worse. I told him the effect it had upon me. He said he would change the medicine: he did so, and two doses of this put me into bed, where I lay till you saw me. The cough and phlegm increased to an alarming extent; spitting of blood came on; I could not get breath. The early part of the night I was in a fever, and afterwards everything was wet about me with sweating. I got no rest night or day, till I was completely worn out. For three or four days before you came, I was quite helpless, and, I think, indifferent whether I recovered or died—either would have been a relief to me. All who saw me were of the same opinion, and it was with a sort of forlorn hope that my wife sent for you, who was the instrument, in God's hands, in restoring me to health.

Though my sympathies have always been with the allopathists, and I confess that I do not yet understand homœopathy, yet I am bound to say that the relief I experienced in my breathing, after the first dose of medicine you gave me, was almost incredible, and completely staggered all my previous notions of the power of medicines.

You know the rest: the spitting of blood gradually subsided—the phlegm got less and less—the cough in time ceased, and I was raised up, through your instrumentality, much quicker, and got my strength much sooner, than I had ever done before. For several years previously I was always more or less unwell in the spring and autumn of each year, sometimes dangerously so. Since you attended me in the illness referred to, although exposed to all kinds of weather, I am thankful to say that I have been quite well, until about six weeks since I got cold, and have had a cough, with a good deal of phlegm. I have taken nothing but a few globules of homœopathic medicine of my own prescribing, and am happy to say that I am now quite well.

As soon as I was sufficiently recovered (about three weeks, I think, after your first visit to me), I went to Warlingham, according to your instructions; and there I improved daily and rapidly—so much so, that at the end of one month, when I was obliged to get back to business, I was much stouter than I had been for years before. During the whole of that summer and autumn, till the dark nights prevented me, I used to go to Warlingham on the Saturday afternoon and stay till the Monday; and the effect upon me was most marked, whether from the salubrity of the air or the nature of the soil, I knew not, but so it was. For a long time after I got back to business I had a very bad headache, and a most unpleasant feeling of heat and irritation a little above the left breast, both of which were increased and became fixed and constant towards the latter end of each week, so that by that time I was completely jaded and knocked up. Well, I set off for Warlingham. It was surprising the change I felt, many a time, in going up the hill: the headache and pain in the heart left me, and very often when I arrived at my lodging I was quite a different man; and invariably by the Monday morning I was quite free from pain, and fresh to commence another week's work.

Believe me, dear Sir, ever gratefully yours,

E. G.

This gentleman is still free of consumptive disease, September 1859.

689 *g*. LETTER V.

March 23, 1853.

MY DEAR SIR,—We received our dear boy yesterday quite safe, and looking much better than when he went back to school after Christmas. Our best thanks for your attention to him. I think he has given ample proof of the excellence of homœopathic treatment.

O. P.

The child had all the premonitory symptoms of Phthisis when the parents consulted me. He was in a collegiate school connected with the King's College. He went to Warlingham, and the result drew forth the above letter.

Numerous other letters, illustrative of the benefits derivable from the air of Warlingham, might be given; the fact is, that in the summer the few lodgings there are full of consumptive and other invalids.

690. The query here occurs, What are the conditions which render Warlingham thus favourable to the consumptive?

691. The study of the Ordnance map will exhibit the striking peculiarities of the position of this village,

both in connexion with the surrounding country and in relation to its own locality.

692. Besides this peculiarity of position, Warlingham is remarkable for the fact that there is no water, except at a depth of 200 feet and more, and the water used is rain water. A walk, or a ride or drive, at Warlingham, exposed to the sun on the south-west, and protected on the east by a high hedge and copses, affords the means of exercise to the consumptive even in a cold sunless day.

693. The writer, when he visits Warlingham, finds on the summit of the hill, that forms part of the way from Croydon to Warlingham—this bringing the traveller to Sanderstead, the village on the top of the ascent—a joyous feeling, so great is the exhilarating effect on his spirits; he seems to breathe easier.

694. The Warlingham common, too, is covered with wild flowers, some one or other, at almost every season of the year. The furze is almost always in flower; there is the wild thyme sending out its delicious scent; there is the harebell, the potentil, the tormentil, the ononis, the St John's wort, the heath, the fern, the little vetchling, the eyebright. It comprises several hundred acres, and over its surface are the most delightful smooth roads over the green sward, where the invalid can ride, inhaling without fatigue the pure breeze.

Connected with this subject of air is that of *ventilation*.

695. The bedroom and its adjuncts form a most important matter in conjunction with ventilation in connexion with the phthisical patient.

696. The bedroom of the phthisical should, if possible, look towards the south.

697. The greatest care should be exercised to have the bedroom free of damp.

697 *a*. Damp tends to the production of fungi, which fungi have a noxious influence; indeed, many fungi have decided medicinal power.

698. The floor of the bedroom should be perfectly free of dry-rot, as dry-rot emits poisonous effluvia.

699. The bed itself should have no curtains.*

699 *a*. The French bedstead, made of oak or of mahogany, is the best; and the bedstead should rest on castors, so that it can be moved easily, and have the dust under it cleared away.

699 *b*. All dust should be banished from a bedroom. Dust harbours effluvia, which effluvia are injurious.

699 *c*. A four-post bedstead, with curtains drawn all round, forms a modified black hole of Calcutta, —a barbarous engine of slow murder, recently re-instituted by the British authorities at Hong Kong and in India during the late war.

699 *d*. The curtains keep in all the impure air expired by the phthisical patient reposing on the bed. The curtains become loaded with the moisture which escapes from the lungs, the oleaginous particles become deposited in the texture of the curtains, and thus poison is added to poison, and the curtains become quite offensive. This happens especially if the curtains are of merino and are coloured. If the curtains are dimity, and white, then the liability to become soiled ensures an occasional washing.

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* The writer has not a single bed-curtain in his house. He once had lodgings in one of the mansions at Dover Court, and the brown merino curtains of the bed were quite offensive from the accumulated perspirable fluid collected in them.

700. In connexion with this subject of ventilation, a question, often put in reference to the consumptive, is, *Is it right that persons should sleep with patients affected with Phthisis?*

700 *a.* The existence of the phthisical cachexia settles this question, since every cachexia creates, in connexion with the human body, its own atmosphere —the phthisical its own; and to subject healthy persons to the influence of such an atmosphere must be injurious.

700 *b.* It is a pleasing fact that, if an absolute necessity exist that individuals must be thus exposed, homœopathy enables its practitioner to meet the difficulty by giving to the healthy persons a medicine which will act antidotally to the poison of the cachexia.

700 *c.* These views will serve to explain what amount of truth exists in the opinion held by Galen, Riverius, and others, as to the infection from Phthisis.

SECTION II.—*On the Skin in Relation to Phthisis.*

701. The intimate sympathy between the skin and the lungs has been already referred to.

702. Cleanliness will be found to be one of the most valuable auxiliaries in the treatment of Phthisis. It keeps up a healthy action of the vessels of the skin, and thus acts in preventing those lung congestions so favourable to the induction of the debility necessary to render the latent physical cachexia active.

703. The remarks which Dr Andrew Combe has made, in connexion with the sympathy existing between the skin and the bowels, may be transferred

to the lungs in connexion with the skin; and the reader is earnestly entreated to read the work of Dr Combe.*

704. Another valuable auxiliary in the treatment of Phthisis has connexion with the skin: it is the practice of sponging with water the whole body, about the time night sweats cease.

704 *a.* Dr Sanders makes the following practical remarks, p. 148, *lib. cit.*:—

"The sweat must be wiped off assiduously, by which the vessels of the skin partly recover their

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* This book, one of the most valuable works issued from the press, has appended to it the following tale of bigotry, a tale which presents a striking exhibition of the same spirit which the vulgar herd of journalists exhibit towards "homœopathy."

The subjoined letters were forwarded to Dr Epps, in the year 1834, by Dr Andrew Combe, and afford interesting illustrations:—

"Edinburgh, April 25, 1834.

"My dear Sir,—I have lately published a small volume, entitled 'Principles of Physiology applied to the Preservation of Health and to the Improvement of Physical and Mental Education,' which, I think, may be useful to medical students and the public.

"Longman & Co. are the London publishers, and have instructions to give you a copy on sending for it; and I have now to request your acceptance of it as a small mark of respect. It has been out six weeks, and to my surprise two-thirds of the impression are already disposed of. If you approve of it, and have the means of noticing it in any of the London journals, I need hardly say it will be an obligation to do so.

"Mr Simpson, who carries this, will give you an account of our doings. He also has been publishing an excellent little work, which you will probably have seen. With best regards from my brother, I remain, dear Sir, yours sincerely,

"Andrew Combe.

"*P.S.*—I am desired to say that the book will be sent to you.

"A. C."

"Edinburgh, October 23, 1834.

"My dear Sir,—Have you heard of, or can you give me any information regarding, a new bandage or support for curvature or weakness of the spine, and which is made chiefly of elastic materials, caoutchouc I am told, and which is said to present the advantage of giving adequate support without impeding free muscular motion? I have heard, but very indistinctly, of such tone, and thus we prevent the very injurious effects of the cooling perspiration, and, in a great degree, the alarming effects of exhaustion, which are so apt to appear in the remission.

704 *b.* Where the temperature of the body is great, and *steadily* above the natural temperature in the febrile stage precursory to the development of the sweats, the sponging of the whole body with cool or lukewarm water will often have the most beneficial effect.

704 *c.* The rule, in order wisely to guide the

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a thing, and if it really exists, would be thankful to have access to it, particularly for a case now under my care. The great objection to ordinary bandages is their impeding muscular growth and action, and I would rejoice to see something to which this objection should be inapplicable. Will you then do me the kindness to make inquiry and communicate the result?

"I thought I could trace your friendly pen in the handsome notice of my book in Dr Ryan's Journal, and was glad to find that I was not mistaken. I ordered a copy of the second edition to be sent to the journal early in August, and wish you had seen it, as there is a good deal of additional matter. The second edition is so nearly out of print that I shall begin the third next week. The first had been stereotyped at New York, as a volume of the Family Library, and the second edition is reprinted at Boston.

"I had already recommended Dr Ryan's Journal to some of my professional friends when in the North some time ago, and shall be glad to do so again when opportunities occur. I liked your lecture on colchicum very much, as clear, methodical, and practical. The case of epilepsy I would have noticed earlier, if I had possessed any fitting medium. The 'Phrenological Journal' is not the proper place for a medical report, and the editor of the 'Edinburgh Medical and Surgical Journal' (here) has such a horror of phrenology and phrenologists, that I believe he would burn his book rather than put anything of mine into it. I sent him a copy of my work, that he might have no excuse for not noticing it, and I know that some of his friends were urgent that he should notice it. So far from complying, he has not even inserted it in the list of books sent for review! Hoping to hear from you, I remain, with best regards to you from my brother and nephew, yours very truly,

"ANDREW COMBE."

So that, in regard to a book which in less than half a year had passed through two editions, which had been stereotyped in New York as a volume of the Family Library, and was reprinted at Boston, the editor of the "Medical and Surgical Journal" would in no way notice it, because Dr Andrew Combe happened to believe in phrenology.

employment of the sponging, is the presence of a temperature in the body which is steadily above the natural standard. This being attended to will cause the patient to have a delightful refreshment after the process has been gone through.

705. Where there is considerable debility, the application of the *wet sheet* would, it is likely, be beneficial.

706. The writer of this treatise has not unfrequently required the patient labouring under Phthisis, and affected with night sweats, to rise and dress half an hour before the expected night sweats, and to remain up till the time of the sweats had passed. Benefit has in many cases resulted.

706 *a*. The procedure has been recognised by Morton, in his work, *Phthisilogia; i. e.*, he advises the patient to be awakened at night, to prevent sweating.

707. The benefit of keeping up a full action on the skin by means of the *vapour* bath is great; and the vapour bath presents this advantage, that, unlike the warm water bath, it does not increase any injurious pressure on the surface of the body. Such pressure often produces an injurious effect on the lung-tissue in the phthisical. Once a-week it is often of great service. It should be used before the mid-day meal.

708. The patient, when unable to bear any one of these applications of water, should be washed all over daily, doing the washing with tenderness, and with such arrangements as not to fatigue.

SECTION III.—*On Bodily Exercises.*

709. The exercise of walking is one whence much

aid can be obtained in connexion with the cure of Phthisis.

710. The instruments by which motion is realized by the human machine are the joints and the muscles which move the joints.

710 *a.* The muscles may be regarded as composed of muscular fibres, among which are distributed, in the form of tissues of almost infinitesimal fineness, blood-vessels, arterial and venous, and nerves, all joined together by cellular tissue.

711. These fibres are so arranged, that in walking the blood is made to circulate freely through all these tissues, and thus, by this consequently equal distribution of the blood through the tissues constituting the muscle, a healthy circulation of the blood is caused.

712. In addition to this, the situation of the muscles engaged in the act of walking is such as to cause a pressure on the interior organs in the interior of the body, and thus the injuries which would result from an impeded circulation of the blood through the vessels of those organs is prevented.

713. The tendency to the production of impeded circulation through the lung-tissue, in connexion with Phthisis, has been unfolded (paragraph 93.); the effect of want of exercise in tending to induce a debility of the lung-tissue has been explained (paragraphs 258. 263.): and hence walking, which causes a free circulation of the blood through the chest, must be useful in helping to prevent and to remedy, if present, that state of the vessels of the lungs which attends the development of the phthisical disease, or if the disease is developed, will help to arrest its progress.

714. These views in connexion with walking show

that the practice is one which must be serviceable in cases of Phthisis, and will explain the fact, that nearly twenty centuries since Hippocrates recommended to the phthisical walking and running.

715. In lung diseases, shortness of breath is present. If exercise, under certain conditions, produces a shortness of breath, may not benefit be derived from exercise wisely contrived to relieve the diseased state, by inducing given actions of the lungs?

716. The exercises introduced by Professor Ling will be highly valuable in many cases of Phthisis. Dr Chapman has put forth some valuable facts on this subject, in a pamphlet entitled *Ling's Educational and Curative Exercises.*

717. *Riding in a carriage* is serviceable, as it gives exercise without producing any effect on the pulse. It does not cause any increase of the circulation—a matter of considerable importance in some cases of Phthisis.

718. Riding enables the person using this exercise to gain two objects—first, the change of air, and second, the benefit of motion. Many persons foolishly debar themselves from the former benefit by riding shut up in close carriages. It is easy to arrange so as to exclude the cold wind by putting up the carriage window on the side on which the wind blows; thus the patient has the benefit of the air without the risk of getting chilled.

719. *Riding on horseback* is highly serviceable to persons phthisically inclined.

719 *a.* It gives exercise, and takes off that part of

the fatigue dependent on the having to carry the weight of the body, the horse bearing this.

719 *b*. The action of riding produces beneficial effects in connexion with the kidneys, and therefore is likely to have a curative power in those cases of Phthisis which are preceded by or attended with calculous concretions in the kidneys—a form of Phthisis which has received the name of *Calculous* Phthisis.

720. Sydenham highly extols riding on horseback.

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721. *Sailing in a boat on the water*, particularly on the sea, is highly advantageous.

721 *a*. The up and the down motion of the sea is particularly favourable towards the inducing an easy and a healthful action of the lungs.

721 *b*. Add to this that the patient has the benefit originating in the action of the sea air, the uses of which have been already explained.

722. Celsus (*lib*. iv. *caput* 4) thus refers to this agency—" Utilis etiam in omni tussi peregrinatio, navigatio longa, loca maritima, natationes," *i. e.*, in every cough travelling is useful, long sea voyaging, sea places, boatings.

723. Dr Sanders (p. 159, *lib. cit.*) relates the following:—

" The first time that I observed the decided utility of sailing as a remedy in the purulent stage of Phthisis was about twelve years ago, in the case of a young gentleman, who, by intemperance and dissipation, brought pulmonary consumption on himself. He had had the best medical advice in Britain, particularly that of Dr Monro, senior, and Mr Benjamin Bell. After purulent expectoration came on, he pro-cured a sloop, and having sailed along the coast a few months, seemed to have entirely recovered."

724. The writer believes he has preserved the lives of several by causing the patients phthisically disposed to voyage all the summer, and then in the winter to seek some retreat on the southern coasts of England.

725. A pupil of his, a Mr Tawell, voyaged three times to Sydney, and saved himself from death by these voyages: it is true he succumbed at last, but he added a few years to his life.

726. Laennec states that most naval surgeons with whom he had conversed informed him, that they had scarcely ever known a man become phthisical in the course of a long voyage; and that they had frequently seen sailors, who had pulmonary complaints at the time of putting to sea, return benefited or cured.—(*Laennec*, *lib. cit.*, p. 352.)

727. *Sea voyaging* presents the benefit of sea air, and the sea voyage can be so arranged as to get into an equable climate at the time of the year when the season would not be equable in other parts.

728. Add to this the benefit that the voyager has of being always on a level: a great advantage in phthisical cases, since in them it not unfrequently happens that every change in the elevation causes a difficulty in the breathing, as is seen in the effect on going up a hill; which disturbance of the lung-tissue has the effect, to a certain extent, of interfering with the healing processes which must go on in the diseased lung-tissue to realize a cure.

729. Old is the observation that there is nothing new under the sun. Of late years it has become the fashion for consumptive patients to go to Egypt, and in many cases benefit has been derived. It is a

curious fact that Pliny refers to the practice as one carried out in his day.

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730. Another form of exercise is *friction.*

731. Celsus was a strenuous advocate for rubbing. He recommends *rubbing the extremities,*—a recommendation well worthy of attention, since such rubbing is attended with the establishment of a healthy circulation through the extremities, which must tend to relieve the condition of the lungs.

732. He recommends *rubbing the chest after taking of food.*

732 *a.* Much philosophy exists in this, since, after taking food, there is an increased vascularity in the mucous coat of the stomach, which, from the close neighbourhood of the stomach to the lungs, tends to the increase of the pulmonary congestion. *Friction* tends to equalize the circulation.

732 *b.* By rubbing the chest gently, the action of the lungs produced by this concentration of action on the stomach is in part lessened, and thus any sudden reaction which might take place after the concentration of action has ceased will be prevented. The digestion of the food may perhaps be a little delayed; but the injury arising from the sudden transfer of the action from the stomach to the diseased tissue in the lungs would be far greater than any injury that might arise in connexion with delay of the digestion.

733. Another suggestion which Celsus makes is, that the phthisical patient *should rub himself, holding his breath* at the time of rubbing.

733 *a.* Much philosophy lies hidden here also. The holding the breath keeps the air in the lungs.

Such retention of the air tends to the expansion of the lung-tissue, and may, by its pressure, produce a degree of absorption in connexion with the diseased lung-tissue, the injury from the retention being prevented by the act of rubbing, which keeps up a considerable amount of circulation on the skin surface.

734. As the voluntary power or the will conducts the inspirations, and the natural or involuntary power the expirations, it is clear that any curative action connected with the action of the lungs themselves must be in connexion with the inspirations, that is, it is only in the inspirations that the modifications on the lung-tissues can be realized.

735. Another mode by which rubbing is made very aidful to the cure of Phthisis, consists in rubbing round the part sunken (paragraph 181.) on the chest, first making the circle of friction round the part, then a larger circle, then a larger, and so on.

736. Exercise requires to be combined with the fresh air. Thus two benefits are gained: the bodily exercise distributes the blood equally through the vessels of the body, and the fresh air supplies the real food to the lungs.

737. Indeed, it is a matter worthy of consideration whether the phthisical patient should not draw in the outside air, even when confined to the bed-chamber or to the room, by having a pipe connected with the outer air, and to inhale the air through the tube, embracing the tube when inspiring, letting the tube go in expiring.

737 *a.* The inhalation of vapours medicinal owes, in the writer's opinion, much of any real benefit, not so much to the vapours inhaled, as to the act of inhaling.

737 *b*. In this point of view it is not impossible that Dr Ramadge has effected some benefit by the instrument that he sells to his patients for the purpose of inhalation.

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738. Another form of exercise, of the greatest power in preventing the development of Phthisis, is the exercise of the lungs in *reading aloud* and in *public speaking*, practised at first for a short time, and then gradually extended.

739. Celsus, in his work "*De re Medica*," recommends the patient with a consumptive cough to run and read aloud, and not to mind the interruption of the cough, which, he says, will gradually subside.

740. Cuvier, the great naturalist, was consumptive when a young man. He obtained a professorship at Paris, the duties of which required that he should lecture almost daily. Many predicted that he would soon cease to exist. The lecturing exercised his lungs, and he soon was free of the phthisical tendency, and lived to an advanced age.

741. There are exercises of the lungs which are injurious.

Walking, as has been already explained, is highly beneficial in producing health, and in thus strengthening the lung-tissue, prevents the development of tubercular phthisis; yet there are conditions under which, walking being practised, this, in other circumstances health-producing process, becomes productive of debility in the lung-tissue.

742. The action of walking produces an increased rapidity of circulation, and an increased rapidity of breathing.

743. It is a fact, established by the experience of several years, that the mortality among the Foot Guards is great. The cause of this has been sought in the fact, that the Guards are chiefly in London. A second cause has been of late sought in the miserable system of ventilation existing in the barracks of the Guards. Both these causes may operate, but it appears to me that the principal cause is to be found in the following fact:—

743 *a*. The Guards march across the park daily when the Queen is in London. They play as they march. The vocal instrument players have two actions, both of which operate on the lungs: the first is the action of walking, to do which the lungs should have full play; the other action is holding the breath in the act of playing on the vocal instrument. These two actions in persons of weak lungs must be destructive; and this is, I believe, the principal cause of the mortality, for it is in relation to lung diseases that the mortality manifests itself: in other words, this playing the vocal instruments in the act of walking causes a disturbance of the regularity of the inspirations and of the expirations, and consequently a debility is induced in the pulmonary tissue, and if tubercles exist they become called into action, and the continuance of the wind instrumental music exercise perpetuates the disease, until Phthisis puts an end to the man.

SECTION IV.—*On Diet.*

744. The diet required by consumptives is a nutritive but not a stimulating diet.

745. The idea of nourishing and strengthening

patients suffering under Phthisis by dietetic means is ridiculous. It is the disease that exhausts. Cure the disease, and the patient, ceasing to be a patient, will get strength.

746. The digestive powers in persons affected with this disease are more or less weakened; the patient requires, on this account, to be fed by food easy of digestion.

747. There is a fever in the system already, and therefore all stimulating food which in its digestion causes fever must be avoided.

748. A small quantity of food should be taken at a time; because, if the stomach is loaded, the curative action in the lungs will be interfered with, as the life power necessary to effect a cure of the diseased lung-tissue will then, in patients whose stomachs are thus loaded, be occupied in effecting the requisite actions in the stomach in connexion with the food taken.

749. In almost every case of Phthisis there is a marked alteration in the appetite; on the one day there is a good, almost a ravenous appetite; on the other day, the appetite languishes. The first condition oftentimes causes the patient to eat more than is proper; the second condition causes the patient to pamper the appetite in order to take a quantity of food deemed necessary to support the strength.

750. It was noticed that in the progress of Phthisis, especially in its premonitory stage, there is often an alternate dayism, *i. e.*, the patient, as just recorded, has appetite on one day, and no appetite on the next; cheerful one day, melancholy the next; digestion ineffectual one day, effective the next.

750 *a.* The practitioner will do well to view the action of Pulsatilla in relation to these conditions, for

Pulsatilla has the power of producing this alternation of symptoms and state.

751. The patient should, however long the abstinence from food be carried from an aversion to it, never be allowed to pamper his appetite. Food taken under such a condition is never properly digested.

752. Mere hunger is no indication that food is to be taken in disease. The following remarks, and they deserve the highest attention, illustrate these points: hence, though the quotation is long, the truths embodied have so extensive a bearing on the treatment both of Phthisis and of diseases generally, that the insertion is justified:—

Axiom 16. HUNGER BEING DEPENDENT UPON A STATE OF THE BRAIN, IT MAY BE DEVELOPED IN DISEASE, AND, AS SUCH, IS A FALSE HUNGER.

Brachet has proved by experiments that, when the nervous communication between the stomach and the brain is cut off, the feeling of hunger instantly ceases, even when a moment before it was ravenously strong.

The first proposition in this axiom has been demonstrated by the observations of phrenologists, and has an important practical bearing, because if hunger so depends, then the desire for food, or more strictly the appetite of hunger, is, when the brain is in a diseased state, to be regarded as not at all indicative of a want of food, but as indicative of a state of disease; and the enlightened physician exercises his judgment, and decides whether the demand of the patient is or is not to be listened to; and though medically ignorant and partisan coroners * may try to obtain verdicts of died by starvation against physicians who do exercise their judgment, such physicians will still persist in using their judgment on the point in question,

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* The following verdict was given in the case of Mr Cordwell, who was a patient that had been under the care of Dr Curie, but who, by some busy-body, was transferred to the care of an apothecary, in whose hands he died. A coroner's inquest was held, and the verdict given, *without hearing* what Dr Curie would have said on the subject, was the following:—

"The jury are of opinion that Henry Cordwell died from exhaustion, caused by loss of blood from the intestinal canal, produced by natural disease: and in complying with what the jury believe to be their bounden duty, in returning their verdict in strict accordance with the sworn evidence of the medical gentle-being satisfied that, in so exercising their judgment, they are using the highest and noblest power of the mind in meeting a question pregnant with life or death, according as it is wisely or unwisely answered, to the patient.

The feeling of hunger being developed in disease, is no more indicative of a need of supply than is the hearing of imaginary sounds, produced in diseased states of the brain, any reason why the sounds should be obeyed. The physician understands this: his skill consists in the judging whether or not the hunger depends upon the disease or on the restoration of the healthy condition of the system calling for a supply. It is most difficult sometimes to decide. Granted; but what is skill? what but working the way through difficulties?

In typhoid cases in particular, hunger is sometimes felt, and in typhoid cases under the old system, food, and especially wine, is oftentimes given, and it is said with success. The homœopathist, who can use his weapons rightly, never needs to give food or wine or brandy in typhoid fevers, while the tongue is coated. It is true he is met with the statements of the benefits which resulted in some given case from the use of wine and other stimuli. But these cases are cases in which the life-power has been exhausted under the old system treatment by the depletory measures, whether by purging, leeching, bleeding, or other means, and then the stimuli do good, not because a scientific treatment of the disease needed such aids, but because the life-power, exhausted by the injurious treatment, required an auxiliary; so that the deduction of the advocates of wine in these cases is a testimony, not to the scientific character of this part of their treatment, but to the miserable and destructive empiricism of that treatment.

It is true that in certain forms of typhus fever, where semi-starvation has preceded the attack, some kind of food in very small quantities, and of a liquid form, may be useful. The utility of food in these cases does not depend upon the food being necessary for the cure of typhus fever, but because the constitutional state, in which the febrile has gained its position, is one which was produced by a previous deprivation of food.

It may be added, as a fact further confirmatory of the evil of giving food to patients labouring under fever, that the very worst

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men who have been called as witnesses, the jury cannot refrain from expressing the strongest feelings of disgust and indignation, at hearing it proved by the testimony of the nurses, that the afflicted gentleman had been cruelly exposed to a system of starvation while in a state of the most extreme debility, during at least ten days previous to his death, he having during that long time been allowed nothing but cold water, by the advice of his medical attendant."

Of this verdict Mr Wakley, the coroner for Middlesex, expressed his approbation, he having refused to hear Dr Curie.

typhoid fevers are often preceded by and attended with a voraciousness of appetite.

Dr Beaumont asserts, "When the stomach is unusually debilitated, food is frequently retained twenty-four hours or more, and is sometimes the cause of most distressing symptoms, producing, particularly in children, convulsions and death."—P. 61, *liber cit.*

Indeed, experience has given abundant evidence of this. I have known cases of inflammation of the brain, the treatment of which was proceeding most favourably, the patients after having been insensible had recovered their senses and their power to notice, and which have been made to terminate fatally by some unwise mother, aunt, uncle, or grandmother, giving the patient some (so called but miscalled) nourishment.

Axiom 17. IN THE FEBRILE STATE LITTLE OR NO GASTRIC JUICE IS SECRETED.

The experiment on which this axiom is founded was performed March 16th. The villous membrane of Alexis's stomach was red and dry. He complained of headache, pain and distress at the pit of the stomach, lassitude, and loss of appetite. On introducing the tube into the stomach, no clear gastric juice could be obtained. A little acrid fluid and frothy mucus only could be extracted.

This axiom and this experiment completely establish the absurdity, the unscientificness, of giving food in fever. The agent, the gastric juice, which is the efficient cause in digestion, is absent; how can the action of digestion be completed? The worker is not there, how then can the work be done? It is hence evident that it is absolutely necessary to withhold food from the stomach in febrile complaints. It can, being undigested, afford no nourishment, but is actually a source of irritation to the organ, and through it to the whole system, increasing the fever and perilling the life. "No solvent," says Dr Beaumont, "can be secreted under these circumstances, and food is as insoluble in the stomach as lead would be in ordinary circumstances."

It should ever be remembered, that before food can be nutritive two conditions must exist; first, that the food is by its nature suited to the stomach; and second, that the stomach is in a state suited to act on the food. In fever, it is certain, from this experiment of Dr Beaumont, that the stomach is not in a state suited to act on the materials taken into that organ, and consequently this condition, necessary to the realization of nutriment out of the food being absent, food, instead of being nutritive, is poison to the recipient.

Axiom 18. UNDIGESTED PORTIONS OF FOOD PRODUCE ALL THE PHENOMENA OF FEVER.

Dr Beaumont observed that there is always disturbance of the stomach when more food has been received than there is gastric juice to act upon it: *i. e.*, a condition induced similar to that which is present in fever, namely, that the gastric juice not being able to act on the undigested food, the stomach is irritated, just as if food had

> been introduced into the stomach when the system was in the febrile state.
>
> If to these facts is added the fact, already referred to, that the gastric juice combines with only a given quantity of aliment, it becomes apparent that in weak stomachs, and in persons labouring under disease, the supply of gastric juice being diminished by the state of disease, the evils of taking a large quantity of food must be indeed great.—(*Constipation*. By John Epps, M.D.)

753. In Phthisis, too, as already intimated, there is fever, and this renders the necessity for food to be slight, because whether there is fever the secretion of the gastric juice (axiom 17.) is more or less affected, and consequently digestion is more or less interfered with.

754. The sole method by which the injuries likely to result from this variability of appetite is to limit, even to fix, the daily quantity of liquid and of solid food, thus preventing the patient taking more than is proper on the day the appetite is strong, and the pampering on the day the appetite is deficient.

755. Dr Cotton states his opinions:—

> Having already stated the general principle which should regulate the *diet*, I need only remark that, in the absence of inflammatory complications, it should be of the most nourishing description. As a general rule, porter, ale, or wine, should enter into the daily diet list of the consumptive patient—not as matters of luxury, but as necessaries. A full amount of animal food in all cases, but especially in young persons, should be advised; and everything, when the digestive organs permit of it, should be given calculated to repair and improve the wasting tissues.—(P. 277.)

756. Wine is poison in this disease; so is beer; so is ale (pale ale, in reference to the sick, is deep-dyed delusion). All stimulating liquors are to be avoided.

757. It is true that the advocates for the employment of wine and beer state that they are to be taken in moderate quantities. What their notion of moderate quantities is may be judged of by the fact, that the givers of these quantities argue that the "flush-

ings" caused by wine, beer, and spirits, are not harmful.

758. Exhibitive of the total want of any scientific data on which the recommendations of these stimuli administrators are founded, the same writer who recommends a full animal diet observes:—

"Unnitrogenized food, such as arrow-root, sugar, and the like, given occasionally, are of much service in allaying the cough, and, as it were, respiting the stomach from heavier duties."—(*Cotton, lib. cit.*)

759. Lamentably illustrative of the old system treatment in this disease is the fact, that old system practitioners treat their phthisical patients as governors of jails treat prisoners about to be executed, viz., as the condemned soon will not want any diet, the last two or three days before their execution they give them a liberal diet. How common is it for the old system practitioner to direct the parents or the friends of the consumptive patient, "Let him have what will be comforting to him." That is—"He must die, let him have what he likes."

759 *a.* Indeed, one writer (Cotton) observes, in reference to the treatment of the second stage of Phthisis—

"Whatever is fancied may be safely indulged in." —(P. 22.)

759 *b.* The advocacy of good (?) living, as it is so destructively called, in Phthisis, is founded upon the idea that the disease is often developed under causes which weaken the constitution, and therefore it is deemed proper to give highly nutritive food. But this reasoning is altogether fallacious. Though weakening causes may favour the development of a disease, the weakness induced by the disease is quite different

from the weakness proceeding from want of food. The weakness is from the disease itself, and it cannot be met by *nutritive food*, it must be met by *curative medicine*. How often has the writer seen patients, prostrate under typhus fever, get strong by taking only toast and water, a little cocoa when better, and the appropriate physic.

759 *c*. Diet, it should ever be remembered, never cures disease: medicine is required to cure disease.

760. Still, proper diet is an auxiliary to the cure of disease, and more particularly of Phthisis.

761. Again, how glorious stands forth homœopathy in this matter. Where loss of humours has caused weakness, which has allowed the individual to be attacked with disease, the homœopathist has his, not beefsteaks and soups, &c. &c., but *China*,* which will cure the weakness; not, as the old systemists call it, a tonic—not, as the great demolisher, Dr Dickson, calls it, an *antiperiodic* remedy, but simply because among its pathogenetic effects it produces phenomena similar to the indications of the weakness produced by the loss of humours.

Milk.

762. Hippocrates recommended ASSES' *milk*, an article of diet still employed, and by some highly estimated.

762 *a*. Celsus recommends asses' milk.

762 *b*. Galen remarks, in connexion with hectic fever—

"Asses' milk and gruel form the proper diet for hectic patients."—(*Basil.*)

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* The homœopathist has other agents useful in the weakness from this cause. Phosphoric acid is one; Baryta is another.

763. Chemists have tried to find out on what chemical conditions the beneficial and special action of the asses' milk depends; but the detection of this has not been within their skill.

764. The physician Rhases, who, on account of his talent, was considered the Galen of the Arabians, and who, from his great success, was styled "the experienced," advocated strongly the use of milk.

765. Forestus, a physician of high repute, recommended milk from the breast, also the bath.—(*Foresti Observationum et Curationum*, 4 vols. Rouen.)

765 *a.* Napoleon's son by Maria Theresa was thus fed, with the view of arresting Phthisis.

766. Mudge, in his work entitled *Cure for a Catarrhous Cough*, recommends in consumption, before the lungs are much injured by the number of tubercles, vegetable diet and asses' milk.

766 *a.* Dr Young, in his work, gives the preference to asses' milk and eggs, rather than to animal food.

766 *b.* Laennec considers that, for quieting the cough, emollient drinks, and alimentary drinks, and alimentary matter, as milks, &c., are the best.

767. Many have expected results almost miraculous from asses' milk. Such expectations are, of course, vain.

767 *a.* Gideon Harvey, in his work entitled *Art of Curing Disease by Expectation*, a work in which he has anticipated some of the views which have been put forth with such positiveness of late years, remarks, in connexion with the employment of asses' milk—

"An ulcer in the lungs, with a contemporary hectic fever and consumption, can no more be cured by asses' milk than a capon be roasted at the bottom of the Thames."

768. GOATS' *milk* has gained a considerable reputation in connexion with the cure of Phthisis.

768 *a.* Near Stirling, in Scotland, is a lovely district, called *the Bridge of Allan.*

768 *b.* On the hills surrounding this village browse multitudes of goats. Consumptive patients go and live in the neighbourhood in the summer, and drink the goats' milk. The loveliness of the scenery, the purity of the air, the rising early (they rise early to take the milk), may do much to enable the consumptive to resist the progress of the disease in the lungs; but this without medicine will not cure, though this milk and the attendant conditions, *without* the destructive medicines of the old system practitioner, not now taken, allows the patient to get well.

769. Many have recommended the use of lime-water and milk, and favourable results have taken place under the use of these agents. It is not improbable that some benefit is derived from the lime-water, which contains lime in a condition approaching to the infinitesimal minuteness.

770. The writer of this work regards a *fish* diet as being peculiarly serviceable to persons who have a phthisical tendency. He thinks he has seen much benefit from this diet.

770 *a.* The rationale of its action is not perhaps as yet recognised. It is not impossible that it may have connexion with the character of fish as cold-blooded animals, and as producing a flesh which is suited to the conditions of the lung present in a phthisical subject. This is hypothesis: if future experience

establishes the utility, it may be well to examine the hypothetical point more fully.

Oil and Cod Liver Oil.

771. Riverius, in his *Opera Medica*, mentions a medical practitioner who cured patients in the last stage of consumption by the use of bread and oil,—a practice anticipatory of the employment of cod liver oil.

772. In connexion with this cod liver oil, it is interesting to notice how physicians seem to have recognised fat as curative in consumption.

772 *a*. Hippocrates, as already noticed, recommended kidney fat. Celsus recommends mutton or goats' suet. The elder Pliny recommends the fat of a goat. Paracelsus recommends the fat of field-mice.

773. The employment of cod liver oil presents one of the vulgarisms of the medical mind, demonstrating the miserable deficiency of curative means possessed by the old system practitioners. They give cod liver oil for almost every disease. What a dearth of effective curative means does this exhibit!

774. It may be useful to note the conclusions of those of the old systemists who have tried it most.

775. *Dr Walshe's Results as obtained from the employment of Cod Liver Oil, at the Consumption Hospital, Brompton.*

I began to employ oil at the Consumption and University College Hospitals nine years ago, and the conclusions at which I have arrived concerning its uses in Phthisis are as follows:—

1. That it more rapidly and effectually induces improvement in the general and local symptoms than any other known agent.

This is positive, and would give encouragement as to the employment of the oil; but mark the conclusion of Dr Walshe:—

2. That its power of *curing* the disease is *undetermined:* I mean here, by "curing" the disease, its power of causing, along with suspension of progress, such change in the organism generally as shall render the lungs less prone to subsequent outbreak of tubercles than after suspension occurring under other agencies.*

So that the chief point is undetermined. Dr Walshe adds:—

3. That the mean amount of permanency of the good effects of the oil is *undetermined.*

Here again a chief point is undetermined. Dr Walshe adds:—

4. That it relatively produces more marked effects in the third than in the previous stages.

This seems something positive; but the following conclusion, put forth by Dr Walshe, takes away from the positive results:—

Opinions the most diverse have been held on this point; M. Taufflied † taught that it had little or no effect on Phthisis, if at all advanced; M. Péreyra ‡ *reduced the size of cavities in a few weeks* by its administration.

5. That it *increases* weight in favourable cases with singular speed, and out of all proportion with the actual quantity taken; that hence it must in some unknown way save waste, and render food more readily assimilable.

9. That the effects traceable to the oil in the most favourable cases are—increase of weight, suspension of colliquative sweats, improved appetite, diminished cough and expectoration, cessation of sickness with cough, and gradual disappearance of active physical signs.

This shows that cod liver oil is nutrient: it shows more, that in cases where it does good it causes increase of weight,—a result dependent in part, it may be, on the iodine contained. But this increase of weight is not a certainty, for Dr Walshe's 6th conclusion is—

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* That such cures really occur in rare instances (and they are as perfect as in any other organic disease, when they do occur) is indubitable. It has been the vanity of late years to deny this absolutely, because a scientific (or pseudo-scientific?) explanation of the fact cannot be found.

† Gaz. Med. de Paris, Nov. 1839.

‡ Du Traitement de la Phthisie. Bordeaux, 1843.

6. That it sometimes *fails to increase* weight.

7. That in the great majority of cases, where it fails to increase weight, it does little good in other ways.

8. That it does not relieve dyspnœa out of proportion with other symptoms.

10. That in some cases it cannot be taken, either because it disagrees with the stomach, impairing the appetite (without itself obviously nourishing), and causing nausea, or because it produces diarrhœa.

This constitutes an objection. To meet this difficulty, its employment is conjoined with other agents, which interfere with any exactness of conclusion as to the real effects of the oil. Dr Walshe suggests—

11. That in the former case it may be made palatable by association with a mineral acid; and in the latter prevented from affecting the bowels by combination with astringents.

12. That intra-thoracic inflammations and hæmoptysis are contra-indications to its use, but only temporarily so. I have repeatedly given the oil within a day or two of the cessation of hæmoptysis, without any return taking place.

13. Diarrhœa, if depending on chronic peritonitis, or secretive change, or small ulcerations in the ileum, is no contra-indication to the use of oil; even the profuse diarrhœa caused by extensive ulceration of the large bowel is not made worse by it.

14. That the beneficial operation of the oil diminishes, *cæteris paribus*, directly as the age of those using it increases,—a singular fact, which probably may one day, when the textural peculiarities of youth and age are better understood, aid in giving a clue to its mode of action.

15. That the effects of the oil are more strikingly beneficial when a small extent of lung is implicated to an advanced stage, than where a relatively large area is diseased in an incipient stage.

16. That when chronic pleurisy or chronic pneumonia exists on a large scale, the oil *often fails* to relieve the pectoral symptoms.

17. That it often disagrees when the *liver is enlarged* and probably fatty.

18. That weight may be increased by it, and yet the local disease go on.

Thus Dr Walshe establishes, that even though one of the best effects of the oil is to increase the weight (9.), the weight may be increased by it and yet the disease go on.

The same is stated more fully in the 19th conclusion :—

> 19. That weight may increase, the cough and the expectoration diminish, night sweatings cease, the strength which had been failing remain stationary, under the use of the oil, and yet the local disease be all the while advancing. I have known softenings on a small scale pass in two months into tolerably extensive excavation under these circumstances—*singular proof of the nutritive powers of the agent.*

So that it may produce all these apparent benefits, and yet not arrest the disease.

Dr Walshe thinks that the facts that, under its employment, tubercular softenings have passed into extensive excavations, and yet the symptoms of the disease have lessened, are proofs of the nutritive powers of the agent. But it would seem more likely that, if the cod liver oil was really nutritive, it would have arrested the tubercular softening: it then would, had it been nutritive and curative.

And what, it may be asked, do those conclusions of Dr Walshe amount to? They demonstrate that the employment of cod liver oil is purely empirical—that it wants definitiveness—that it ill becomes those who give cod liver oil thus empirically to designate homœopathists, who give medicines according to a law, as empirics.

776. Much satisfaction is experienced in quoting these conclusions of Dr Walshe,* because he is a man

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* Dr Walshe does deceive himself; for in a lecture, delivered at the opening of the Medical Session, 1858, at the University College, London, he made the following remarks :—

who, if he is capable of acting up to his profession
must be a philosopher, since he remarks :—

> I am not one of those who refuse to accept the evidence of m senses because I am unable to comprehend what they teach me, an in this matter echo the sentiments of the physician in a rece French tale, speaking of a phthisical recovery :—
>
> "Ces miracles de guérison, auxquels la science ne croit pas, fau de les comprendre, et devant lesquels je me prosterne, en priant l bonne et sage Nature d'en être moins avare."—*Pierre*, par Madam Reybaud.

"Again, do not people, believing themselves wise beyond commo mortals, profess faith in mesmerism—and believe that, by a facil process, impressionable females and plastic boys may be made t read, *ad libitum*, with their epigastria? Is there not a body of men otherwise apparently sane, who, laughing old Euclid to scorn, *ac not only as if a part were greater than the whole*, but as if th *smaller that part be made* the *greater its superiority* to the whol that furnished it? A grain is for potency *nil*, but the decillionth part of that grain is, in inexperienced hands, dangerously powerful!

"*Note.*—Hahnemann endeavoured to escape from the rank absurdity of the doctrine of infinitesimal doses by creating the hypothesis of dynamising trituration; but as that hypothesis is utterly unsupported by the smallest tittle of evidence, we are justified in ignoring it,—and the practical fact remains as stated in the text."—*Medica Times and Gazette*, pp. 390, 391.

The writer of the work now before the reader felt the greatest regret that Dr Walshe, whose career as a lecturer has as yet been undegraded by any vulgar attack or mis-statements regarding homœopathists, should have thus committed himself; and hoping that some explanation might be given by Dr Walshe, the following letter was written to him :—

"W. C.
"89 Great Russell Street, Nov. 18, 1858.

"DEAR DR WALSHE,—I respect you for your labours in many fields of research; I respect you for your apparent desire to seek out realities, and to study all subjects well on which you give an opinion, so as to avoid all inaccuracy of statement.

"Conceive my regret to find, in the 'Medical Gazette,' the enclosed report. (See previous paragraph.)

"This report does not present a correct view of the tenets held by those to whom you refer.

"Your statement does not express what homœopathists hold; indeed, it is a perfect parody; and the regret is, that one in your important position should have given utterance to views which many

777. To this statement of the effects of cod liver oil in this disease may be added the experience of Dr Cotton:—

> *Cod Liver Oil.*—Whether we regard this medicine as a means of arresting, or simply of palliating consumption, it undoubtedly ranks higher than any other with which we are acquainted. Some prejudice, however, against its employment still exists, based upon a belief that its good effects are not lasting; and that it fattens, without permanently improving the health, or adding to the strength. It certainly does so in a number of cases; but, on the other hand, the

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of the students who attend your lectures know to be quite contrary to the truth. I have heard several express their regret that the statement was made, that being the first time during their attendance on your lectures, and on your clinical instructions, that they heard you abuse homœopathy. They felt that it was beneath the dignity of your superior mind to create a castle and to attack it as a reality, whereas it has, as every tyro in the study of Hahnemann's writings knows, no existence.

"Indeed, you have committed the very error which you condemn as committed by the homœopathists—you make a part of the tenets of homœopathists greater than the whole.

"You will find from the enclosed paper, No. 2,* that Charles Dickens has acted nobly in this matter. Follow his example, and examples of its success are so numerous and unquestionable, that we are forced to the admission that the use of cod liver oil was the commencement of a new and most important era in the treatment of consumption. So highly do I esteem this medicine in phthisical cases, that I venture to declare my conviction that, where it has not been administered, all has not been done that might and should have been.

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* HOMŒOPATHY AND HOMŒOPATHISTS, THEIR DOCTRINE IN REGARD TO INFINITESIMAL DOSES.

(Extracted from "Household Words.")

"We have never been subjects of the homœopathic mode of treatment, nor have we ever been concerned in making others so. But as we desire to state the homœopathic doctrine fairly, like all other doctrines to which we make any reference, and as it has been suggested to us that we may have scarcely done so in a passing allusion to it at page 592 of the last volume of this journal, we will here reprint the following extract from a work in explanation of homœopathic principles by Dr Epps.

"'It is not maintained that a millionth part of a grain or of a drop (to take a given though a large quantity in homœopathic administration) will produce any visible action on the man in health; nor is it maintained that a millionth part of a grain or of a drop will act on the man in disease; but it is maintained that the millionth part of a grain or of a drop will act on the man in disease, if between the diseased state of the man and the medicine, infinitesimally administered, there is a homœopathic relationship. In other words, the homœopathists do not vaguely say that medicines in infinitesimal doses cure diseases; but they do say that medicines given for the cure of diseases to which they are homœopathic, do cure these diseases when administered in infinitesimal quantities: to repeat, the homœopathist, in maintaining the efficacy of medicines in infinitesimal quantities, regards three requirements as necessary:—First, the development of virtues in medicines by the process of preparation; second, the increased receptivity to impression produced by disease; and third, the selection of the right remedy.'" †

† Homœopathy and its Principles Explained, by John Epps, M.D.

Cod liver oil is equally applicable to every period of Phthisis—at its commencement, as in its final stage—and is never contra-indicated, except perhaps when there is active hæmoptysis or diarrhœa, when, as a matter of precaution, and to afford scope for other remedies, it is just as well to suspend its use.

777 *a.* In reply to these bold statements occurs the question, *Have there been fewer deaths from Phthisis since* cod liver oil has been employed (and it has now

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give to your class and to the public, as widely as you gave the mis-statement, the statement of what homœopathists do hold.

"I judge that the lecture was published with your consent, and with your revision. If not, perhaps you will kindly inform me.

"Believe me, dear Dr Walshe, sincerely yours,

"JOHN EPPS.

"Dr Walshe,
"Professor of Practice of Medicine in the
"University College."

To this letter Dr Walshe sent the following reply:—

"4 Queen Ann Street, Nov. 27.

"DEAR SIR,—I beg leave to acknowledge the receipt of your letter, enclosing two printed documents (now re-enclosed, under the impression that you might have some other use for them)—the former an extract from a lecture published by me in the "Medical Times," the latter an extract from Mr Charles Dickens' weekly periodical.

"I am much obliged by the statement you have been so good as to give me of your views, and am very faithfully yours,

"W. H. WALSHE."

As the writer of this work referred in the preface (paragraph *u*) to Dr Walshe, and has again referred, in connexion with the cod liver oil, to Dr Walshe, he felt it his duty, as a part of the history of Homœopathy, to record the above letters, having previously to their publication written to Dr Walshe to know whether he has made honourable amends for his mis-statement—made in the character of a public teacher.

been employed for years) than during the same period before the employment of cod liver oil?

778. The want of value of all these bold assertions of Dr Cotton, as to the curative power of cod liver oil, is, that in numerous cases he acknowledges that he does not use cod liver oil *alone*. He adds:—

> Many persons cannot take the oil except in a separate form; but I am convinced that its value is much augmented when it can be combined with some preparation of iron, or with one of the vegetable tonics. For this purpose nothing is better than the syrupus ferri iodidi, the vinum ferri, and the ferri ammonio-citras; or cinchona, quina, cascarilla, or calumba. When the appetite is defective, or there are dyspeptic symptoms, the latter class of remedies is the most useful; steel being better adapted to cases of simple debility coupled with anæmia.

779. How does Dr Cotton know, when the cod liver oil is thus combined with these various remedies, what of the cure is effected by the oil and what by the medium he names as given with it?

780. It is likely that Dr Cotton may sneer at homœopathy, but homœopathy would have taught Dr Cotton that an exact knowledge of the virtues of medicine can be obtained only when ONE *medicine only* is given at a time.

781. Dr Cotton adds:—

> To insure the full effect of cod liver oil, a long trial is essential; and much of the disappointment it has occasioned is probably owing to this condition not having been attended to. It should certainly not be abandoned under at least five or six weeks; and, as a general rule, the longer it is employed the greater is the chance of its success. I have several patients who have been taking it for years, and who could not be induced to discontinue it.

To this concluding statement no remark can be so appropriate as the old saying, "There is no accounting for tastes."

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782. The following views on the action of cod

liver oil are put forth by Dr Gardner (pp. 8 and 9, *lib. cit.*) :—

> *Fat Formed with Tubercle.*—But besides *tubercle*, *the lungs of consumptive persons are always loaded with fat—unhealthy fat.* This important fact I also formerly published. In health the structure of the lungs contains about 5 per cent. of fat. In the lungs of persons who have died of consumption there is generally from 40 to 50 per cent. So that, *pari passu*, with the excavation, ulceration, and in fact *destruction*, of the lungs, fatty matter goes on accumulating, stuffing up the parts surrounding the cavity, and hastening the fatal termination, by rendering the lungs impenetrable to the air taken in in breathing.
>
> Consumptive persons *generally have also an accumulation of fat in the liver.*
>
> This explains an observation published by the physicians of the Brompton Hospital, that cod liver oil seems in some cases to do good, whilst in a large number it hastens the fatal termination of the disease. Cod liver oil, now or lately the fashionable remedy for consumption, is useful in certain pseudo-consumptive disorders, but is mischievous in a true tubercular consumption. Let it be borne in mind that no diminution of numbers in the Registrar-General's lists has been effected by the almost universal employment of cod liver oil.*

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* In the weakly constitutions of persons half fed, ill clad, and inhabiting unhealthy houses and localities, and in scrofula and the like, cod liver oil is a useful remedy. But when these conditions do not exist, and when tubercle is actually formed, I believe it to be uniformly mischievous. That it lays the foundation for fatty liver I have had abundant experience; and that it actually hastens the fatal termination of real consumptive cases, by rapidly stuffing up with fat the parts of the lungs upon which life lingers, I can also testify. Never was a useful remedy so much abused as cod liver oil has been.

CHAPTER X.

CASES ILLUSTRATIVE OF THE TREATMENT OF PHTHISIS AND SOME OF THE DISEASED CONDITIONS CONNECTED WITH PHTHISIS.

783. It may be useful to notice some conditions which frequently precede the development of the phthisical disease.

784. *Premonitory State of Laryngeal Phthisis.*

The case of W. Thorp (1852, book), who had been treated by Mr C., an eminent practitioner, had symptoms indicating the development of laryngeal Phthisis.

Aconite, 8/12, and Spongia, 8/11¾ of a globule, at first every six hours; subsequently, the same quantities of the medicines administered at twelve hours, arrested the progress of the disease.—Oct. 14.

784 *a.* *Case of Laryngeal Disease, threatening to end in Phthisis.*

The subjoined case illustrates a form of lung disease which, if not treated wisely, often ends in Phthisis.

The first form under which the disease presents itself is that of bronchitis and asthma associated;

then superadded to these affections is the laryngeal affection, which frequently resists the treatment, especially that of the old systemists, and the patient passes into Phthisis.

In this case the laryngeal development was arrested, and the patient is now (1859) alive, and in average health.

May 1.—Mr E., aged 52. Has had a cough and expectoration for thirty years. On leaving London for the country, 1831, his health improved, as often happens, and the cough became gradually less, until in 1849 and 1850 it had nearly altogether left. The cough has returned lately, with more constant wheezing, and irritation in the throat. The phlegm seems deeper seated, and the effort to move it affects the head, so that the senses are nearly overcome.

Never had any pain whatever from the cough, or at the chest.

Sleeps well, but sometimes wakes with headache and cough.

Have had a pain lately in the humerus bone of right arm, for which he cannot account.

Am best when the stomach is sparingly fed; but seem to require more food for strength.

Lately have had occasional hoarseness; not from cough, but perhaps from debility.

Have lost flesh lately—limbs more particularly.

The patient was induced to take—

Spongia, one globule. Wait six hours.

Rhus. Wait six hours.

Hepar Sulphuris. Wait six hours.

Rhus. Wait six hours.

Spongia.

May 16, 1851.—Finished the course.

My cough has ceased, and my breathing is easy, during the two last days.

My arm is better, but aches if tried.

May 29.—Have had occasional fits of cough lately, but neither so violent nor with the former symptoms. To-day the cough is more frequent, and have had a return of wheezing in the night.

My arm is quite recovered.

The patient soon became well, and remains to the present day, Sept. 1859, in the possession of average health.

785. *Premonitory Phthisis Arrested.*

These cases are those of a tradesman and his wife.

Both applied to several insurance companies to insure their lives; but so certain were the medical advisers of the various insurance companies to which they applied that they would soon die of Phthisis, that not any one of the companies would take their lives.

Finally, they applied to the Invalid Insurance office; but even this insurance company would not take their lives.

A patient of the writer recommended the lady to come under homœopathic treatment, and the writer restored her, though she had, after having expectorated much blood, all the symptoms of Phthisis. This lady still lives, and enjoys health. Ten years, at least, have passed since she came under the writer's treatment.

In relation to this lady and her husband, the following circumstance occurred:—

The insurance company that last refused their lives sent down to the city where the parties live, to inquire whether they were alive, expecting that both would be dead before the time at which the inquiry was made, and, to the astonishment of the insurance company, they found the parties well, and diligent in the pursuit of their business—these parties adding, that the ground of their not having fulfilled the expectations, that ere this they would have been defunct, was, that they had the benefit of homœopathic treatment, of which, as may be supposed, they became strenuous supporters.

The husband died in 1858, not under the writer's care.

I was consulted by a lady by the recommendation of these patients, who had been declared, by Mr Rees and the physician whom he called in, to be suffering from Phthisis. The physician, a dear friend of the writer's, and a most talented man, told her husband that she could not live many days. The expectoration was profuse, but in a great part watery: she spat at least a pint a-day. Pulsatilla was the chief medicine. She was cured.

The widow is still alive (1859); is in good health; carries on her late husband's business—a business which causes a great amount of fatigue. The patient derived great benefit from the air of Warlingham.

If it is said that these were not cases of Phthisis, the answer is to be found in the question, *Why did all the insurance companies refuse to take their lives?*

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786. *Incipient Phthisis.*

Samuel Barfield (*whose brother had died of pulmonary disease*), aged 18, exceedingly delicate, consulted me in April 1849.

He has pain at the left side of the chest over the heart: the pain becomes severe whenever he coughs: the cough is troublesome at night on lying down: he expectorates yellowish sputa, which taste bitter: he sweats all over at night.

Ordered Phosphorus.

April 17.—The symptoms remain the same, except that the sweat has ceased.

Ordered Aconite 6/12.

April 20.—His symptoms remain, except that the taste of the sputa is nauseous, and he has difficult breathing in going up stairs: he has now some eruption on the back.

Ordered Hepar Sulphuris, vi./12, three-quarters of a globule every eight hours.

April 24.—The pain at the side has ceased, except when excited by coughing: he now coughs *more by day*, on exertion: he expectorates *much less*, and the expectoration has now *no* taste: the eruption still continues, and the breath is short.

Ordered Hepar Sulphuris, vi./12, half a globule every eight hours.

May 1.—The pain is much better: cough is lessened, and is much less on lying down: the expectoration still lessens.

Ordered Hepar Sulphuris, vi./30, one-third of a globule every eight hours.

He called in June 1851, and stated that he became quite well.

786 *a. Threatening Phthisis Cured.*

Charlotte Hatcher (page 954, case book 1851), was brought for treatment by her mother, July 1, 1851. The mother returned me thanks for curing her son of consumption: he was in the first stage of Phthisis.

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786 *b. Consumption (Incipient) Phthisical Diathesis.*

A. B., aged 34, servant, has been ailing for years, loss of strength, &c.: had spitting of blood twelve months: was then treated, as also subsequently, under the allopathic system: has ever since had constant cough on waking of a morning. Present symptoms, April 9, emaciation, cough with thick yellow expectoration, clavicles prominent, with dulness on percussion, and rough respiratory murmur: has frequent night perspirations, feeling great weakness on rising, appetite bad, pain at epigastrium after food, acid bitter taste in mouth, bowels relieved by habitual use of antibilious pills: catamenia premature, every two or three weeks; profuse, coagulated: pain, a forcing weight, duration seven to eight days: has palpitation, with feeling of faintness on exertion.

Ordered Calcarea Carbonica, 18.

April 14.—Leucorrhœa much better: pain and palpitation considerably less: cough about same, but producing pain of a hot character.

Ordered Arsenicum, 6.

April 21.—Leucorrhœa, with "ardor urinæ," bowels regular.

Ordered Cantharides, 18.

May 1.—"Ardor urinæ" less.

Ordered Cantharides, 30.

May 5.—The day after her last visit, she went out in the rain and got her feet wet: has had most of her symptoms aggravated (with the exception of "ardor," which is quite gone): has rigors: severe, dull heavy pain passing from behind the breastbone to between the shoulders: cough short and frequent: pulse quick and sharp: tongue coated with brown fur: dull headache: bowels confined.

Ordered Dulcamara and Bryonia.

May 10.—Head better, pain at chest better, respiration more easy, bowels confined.

Repeat Bryonia.

May 17.—Bowels still confined, pain at chest worse after food.

Ordered Nux.

May 25.—Better in every respect: bowels relieved, pain less: still has tightness of breathing.

Ordered Phosphorus.

June 5.—Very much better: went into the country for change of air.

Oct. 5.—This patient applied again for relief, has nearly all her former symptoms: cough, palpitations, pain at chest, feeling of fulness after food. The same course of treatment was pursued, and on 13th she reported herself as much better, but felt sad and melancholy—was faint.

Ordered Ignatia.

Nov. 3.—Last medicine removed her moral symptoms; and under the use of Phosphorus, Arsenicum, Calcarea, &c., she became quite another person: the catamenia had longer intervals, and were more natural: night perspirations ceased: her cough was only occasional: she regained flesh, and was at her own request discharged: I do not say radically cured, as time alone can solve that question.

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786 *c. Phthisis.*

Master P., aged 14 (page 30, p. b.), consulted me about the middle of September 1852.

He has been ill occasionally two years: he was twice seriously ill in one year: he was taken first with pain in his belly, towards the left side: leeches were applied: he became better for a time. He now complains of pain in his stomach, from near the pit of the stomach to the bottom of the belly: he has pain at his left side when he gapes. But his chief affection is a cough, which hurts him in the belly and in his head: he has hurried breathing: has great anxiety of countenance: varying fever: great weakness, rapid pulse, and is emaciated. Indeed, he has Phthisis in its first stage, developing itself with great rapidity.

Ordered Bryonia, gtt i. tertiæ dilutionis, Phosphorus, viii./12, a twelfth part alternately every four hours. If the fever does not lessen, to take a globule of Aconite alternately.

Sept. 22.—The pains have ceased: the breath is not nearly so short: the cough does not hurt him in his belly: he can gape without pain: his lips are blue: his bowels, which were confined, are now right: he is very weak. The change is remarkable: his parents are filled with joy.

Ordered Baryta Carbonica one day and Pulsatilla the next day, and so for three weeks. The youth went to Warlingham, at the top of the Surrey Hills, and was restored.

Dec. 12.—The patient called: he is plump and hearty. He is alive and well, 1859.

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786 *d. Incipient Phthisis and Deficient Menstruation. Efficacy of Pulsatilla.*

Emma Brown (page 344, case book 1851), aged 18, single, consulted me Dec. 31, 1851. She looks seriously ill.

She has been two months ill: she has a severe cough, and a pain in her left shoulder: she coughs most by night: she expectorates a white phlegm: her monthly period is extremely small in quantity: she has a pale, earthy-tinted skin: is excessively weak.

Ordered Bryonia.

Jan. 9, 1852.—Her cough and the pain in her shoulder still trouble her, and she has pain at left hip: she has little white bladdery points all over her tongue: not much thirst.

Ordered Pulsatilla.

Jan. 14.—The cough is very much better: the pain is better: the little bladders on the tongue are better: the monthly period still not free.

Ordered Pulsatilla.

Feb. 11.—The monthly period came on freely last week: her cough is well.

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786 *e*. *Phthisis cured.*

William Crick, aged 55, married (page 363, case book 1848), has been asthmatic for eight years: he began to show phthisical symptoms in December 1848, and in July 1849 he was troubled with great tightness at chest, with difficulty of breathing, particularly after breakfast: with pain at chest: with cough attended with expectoration: he describes his cough as a thick cough: night sweats: he presents the phthisical features: his bowels were confined.

Ordered Kali Carbonicum, iv./12.

This was on July 14.

July 18.—His chest pain and tightness were better: his breathing was better: his cough is bad, and the expectoration is white: he sweats less: his bowels act better.

Ordered Kali Carbonicum, iv./12.

July 24.—His chest is better: his breathing is better: the thick cough is better: his bowels are better.

Ordered Kali Carbonicum.

Aug. 9.—The pain and the tightness of the chest are much better: the breathing still improves: the cough is better: he expectorates sputa of a slate colour, but it is of a better kind.

Ordered Kali Carbonicum.

Aug. 19.—The chest pain and tightness are almost well: he has no cough: his expectoration is now phlegm: his bowels had acted once a-day.

Ordered Kali Carbonicum, half a globule every third day.

This case shows one form of chest affection to which Kali Carbonicum is suited, and shows how, at the same time, it renders the bowels regular.

786 *f. Incipient Phthisis cured.*

Thomas Riley (page 1318, case book 1851), came under care, suffering from Phthisis in its first stage: his brother and his father died of consumption. He is now cured.

786 *g. Phthisis threatening.*

Catherine Walsh (page 1675, case book 1851), came under treatment in May with symptoms of Phthisis, having had a cough for several years: her father died of consumption the day after she was born.

By the end of July she was cured, and has remained free from phthisical symptoms till the present time, August 1852.

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786 *h. Phthisis threatening.*

Edmund Tindall (page 1510, case book 1847). This patient came to me when he was 15 years of age: he had had scrofulous enlargements under the chin, which had disappeared, and since their disappearance symptoms of Phthisis presented themselves: his father had died of consumption, which rendered the case unfavourable: he was cured, and has remained well till 1852, five years.

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786 *i. Phthisis threatening.*

Mr R., who was cured two years ago of Phthisis, has had during this month, October 1851, a return of all the premonitory symptoms.—(See letter, p. 215.)

I ordered him to Warlingham, and to take Kali Carbonicum and Antimonium Tartaricum in alternation, three-fourths of a globule every four hours. In ten days he returned with all the symptoms subdued.

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786 *j. Phthisis in a Child.*

Mary Barnes (page 960, case book 1857), called to consult me, Nov. 8, 1857. She stated I had cured her little boy, whom, when she brought him to me, she thought was following his father, who died of consumption.

It may be said that the mother was not a judge of the existence of Phthisis, more especially of the particular form of Phthisis examined and described in this work. Still this argument is not final; for the experience of disease gained by a wife watching her husband through the course of a phthisical affection, ending in death, is an experience most productive of that sort of knowledge which instructs most accurately, fully, and painfully—this symptom, then that symptom, then another, then a fourth, and so onwards, impress themselves on her memory so deeply, that directly similar symptoms are produced in any one else, especially those dear to one, the recognition is immediate, and as painful as immediate. Hence in this case the mother's judgment is not to be despised, in like manner as her joy in having her child restored to her is not to be lessened.

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787. *A Case of Mucous Phthisis.*

Mr C., aged 43, married, consulted me in the year 1835.

This patient has had a severe cough for three months: he has had medical treatment, but gets worse: he is much emaciated, and all his friends think him to be in a consumption.

He went out in the night air after working hard during the day.

He has very little pain in the chest, and has only a slight expectoration.

He coughs most in the morning for two hours: he never coughs at night.

His tongue is slightly furred, but his appetite is good: he has a numbness in the legs, and his feet are always cold: he is very weak, and sweats at night.

Ordered a powder consisting of Sulphate of Quinine three grains, Cinnamon powder one grain, Digitalis powder three-quarters of a grain, and Ipecacuanha two grains.

Oct. 15.—The cough is attended with an easier expectoration: the sweat comes on at three or four in the morning: he sleeps till about five: his tongue is furred: his bowels are quite regular.

Ordered him not to go to bed till three, the object being to prevent the development of the morning sweat. *The writer did not then know homœopathy.*

Ordered a powder.

Nov. 5.—His weakness has not increased, though the cough is still troublesome: he sleeps well: the perspirations are lessened: he rose at three A.M., took the powder ordered, and sat up till eight A.M.

Nov. 21.—He is much better: his pulse is well: he has continued the powders: he sleeps very well: the perspirations diminish.

The pain in the chest is nearly gone.

The cough is still troublesome.

He feels his legs stronger.

He has continued his powders.

Nov. 28.—His pulse is regular: he sleeps well: indeed, he is well. He used tartar emetic ointment to his chest.

Ten to twelve years after, I attended this patient for a severe complaint.

No doubt some one or other of the medicines employed was homœopathic to the disease, otherwise the case would not have been cured; but there is no certainty what was the remedy. It is likely that the Ipecacuanha and the Antimonium Tartaricum had the greatest effect.

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788. *Hæmoptysis, with Mucous Phthisis.*

Peter Dow, aged 24, consulted me 1835.

This patient, three weeks before consulting me, spat red blood after coughing: he has pain in the right side of the chest, at the upper part of the lung:

he is sure to cough after any exertion: he almost always when spitting spits a little blood.

He feels very weak.

He has pain at the pit of the stomach; but he has no wind on the stomach to cause this pain, and therefore it cannot be referred to gastric irritation.

He sleeps well till the morning, when a cough comes on: in the morning he finds himself in a perspiration so profuse that his bed-clothes are soaked.

His bowels do not act well.

The chest affection came on three years ago, in 1832.

His father died of cholera: he spat blood, and this freely, in hurrying to see his father: almost a year and a half since, he spat red blood.

July 15.—His cough is still troublesome: the expectoration is yellow and frothy: if sitting, he does not cough: he now spits no blood: he feels stronger: he goes to sea, by my advice, next Sunday.

Ordered a mixture of Liquor Arsenicalis ʒiij, tr. Lyttæ ℥i, tr. Digitalis ʒij, ten drops three times a-day. (At this time the writer practised old system medicine, not having had the glorious truth, discovered by Hahnemann, made known to him.)

This patient had every symptom of Phthisis: he was cured under the old system treatment. I think he used the tartar emetic ointment, and it is likely that the Antimonium Tartaricum was the source of cure.

In 1841 he was seized with the old symptoms: he had a dreadful cold and cough. The cough distresses him much: it causes, by its violence, the tears to run from the eyes: he has profuse perspiration, which soon becomes cold: he cannot bear the least wind: the sputa are thick, and have a *fleshy* sort of taste: he has pain at the lower margin of the ribs: he has much itching at the chest, obliging him to scratch.

Aconite and Veratrum restored him, and he is now (1859) alive. All his friends expected his death.

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789. *Spitting of Blood attendant upon Phthisis.*

A. T. (page 1272, case book 1857), aged 24, single, consulted me June 8, 1857. She is consumptive: a sister and brother had died of consumption.

She has had a severe cough for a long time: worse the last two or three months. She had first cold in her head: her expectoration is now yellow: she spits blood two or three times in the day: the blood is in streaks: she has pain in the chest.

She coughs most in the morning and in the evening: she feels hot: her monthly period is too frequent and profuse.

Ordered Arnica and China in alternation; Arnica for the expectoration of the blood, and China for the profuse monthly discharge, this being likely to cause a weakness, which would allow the development of tubercle.

June 15.—Cough still troublesome: she still spits bright red blood, and she tastes blood before it comes, with cough and without cough: her food lies heavy: the skin is hot. She has *a hollow place in her chest*, where she feels uncomfortable.

Ordered Arnica and Pulsatilla.

June 17.—The expectoration of blood is lessened: she has great pain between the shoulders when she breathes.

Ordered Arnica and Pulsatilla. She is going to the Isle of Wight.

July 28.—Cough is much better, but not gone: she coughs most in the morning and in the afternoon: the expectoration is greenish, tastes a little: she spat blood a fortnight since: she feels pain at the chest: she has the sinking in at the part of the chest: her breath is a little offensive: she can lie on either side.

Ordered Mercurius and Lachesis.

August 14.—Her cough is better: she has pain at the top of the right and of the left lung: she spits very little blood: it comes by coughing, and is bright.

Ordered Arnica and Lachesis.

She was cured.

This case presents in a marked degree the effects of the medicines used. The Arnica succeeded in arresting the lung-hæmorrhage: the China succeeded in removing the weakness resulting from the excessive monthly discharge: and the Pulsatilla removed the gastric symptoms.

It will be noticed that the patient went to the Isle of Wight. Some will be ready to refer the restoration to the air of the island. In going there she gained that which has been granted as essential in cases of spitting of blood, associated with the phthisical diethesis, namely, the use of country air to insure the necessary power to enable the lung to recover its healthy state.

The patient, Sept. 1859, is still free from consumptive disease.

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790. *Spitting of Blood, Hæmoptysis, with Phthisical Symptoms.*

Alfred Dunning (284, 1855), had, in the year 1855, a very severe attack of hæmoptysis, with many phthisical symptoms, for which he consulted the writer. Arnica at first was administered: 8/12 globules were given, divided into twelve doses at six hours' interval; then 8/12, in twelve doses at eight hours' interval.

The patient was cured, having taken, in addition to the Arnica, *Cantharides* and *Ledum* in the course of the cure—the former for a bladder disease, and the latter for an excessive difficulty of breathing that came on.

790 *a.* *Spitting of Blood and Purulent Expectoration from the Lungs cured.*

Robert Conway (page 367, case book 1858), aged 43, a seaman, married. He has a pain at his chest when he coughs: he coughs much and violently: he spits yellow matter, intermixed with blood: the quantity of blood is profuse: he thinks that in the last six weeks he has brought up three pints: he sweats at night: his digestive apparatus seems all right.

Ordered Arnica and Phosphorus in alternation.

June 26.—The chest pain is very much better: the cough is much lessened: his expectoration is yellow, but he has expectorated no blood.

Ordered Arnica and Phosphorus in alternation.

July 28.—He is better: he feels drowsy: bowels confined, and stools large.

Ordered Arnica and Graphites. He was cured.

N.B.—This patient is a seaman on board a British ship that trades with Holland: the captain is a homœopathist, and he states that he has cured a great many Dutchmen of the peculiar intermittent which prevails in the ports to which he trades, by the homœopathic remedies.

790 *b*. *Hœmoptysis and Purulent Expectoration cured.*

Esther Bates (page 242, case book 1850), aged 46, married, mother of thirteen children, and has had several miscarriages: she consulted me August 14, 1850.

She has pain at the chest constantly: she has cough with yellow expectoration, the expectoration having a coppery taste: she can lie on either side: she sweats on her head: her bowels are regular: the water passes free: her monthly period has stopped twelve months.

Ordered Phosphorus.

Sept. 14.—She spat blood the day before yesterday: the pain still continues: she feels every excitement in her head: she sweats on her head.

Ordered Aconite and Arnica in alternation

Sept. 21.—She spat bright blood yesterday morning, to which time she had been free from the spitting of blood: her chest still troubles her, and she has pain at her left side: her breath is short at times: she still sweats on her head.

Ordered Calcarea and Arnica in alternation.

June 6, 1851.—She called and stated that the medicine last ordered had cured her.

791. *Consumption.*

John Hughes (page 1829, case book 1851). This patient, though aged only 45, seems to be a shattered man, and looks 70: he has been under the care of an allopathist, and under the care of a homœopathist;

but getting worse, he sought my aid: he has been ill eight weeks: he has a severe cough, with pain in the chest: he spits sputa yellow but tasteless: his appetite is bad: he can lie on either side: his nails are bent over, forming the curve so often present in consumptive patients.

Ordered Phosphorus.

Jan. 3, 1852.—His cough is still troublesome: the pain still continues in the chest: the sputa are now grey: he sweated a little this morning: appetite none: he has thirst at times: bowels confined.

Ordered Kali Carbonicum.

Jan. 6.—The pain has ceased: the bowels now act nicely: he has now no night sweats: the cough and other symptoms the same: breathing hurried.

Ordered Aconite and Hepar Sulphuris in alternation.

Jan. 13.—His cough is very much better: he spits less: the sputa have no taste: he cannot sleep when he goes to bed.

Ordered Belladonna and Hepar Sulphuris.

Jan. 27.—The cough has nearly ceased, except in the morning: he can sleep better: bowels act once in two days: he sweats across the chest.

Ordered Kali Carbonicum and Hepar Sulphuris.

Feb. 3.—He is better in his bowels: sweats still at chest at night: his cough is a little troublesome.

Ordered Kali Carbonicum and Hepar Sulphuris.

Feb. 17.—Cough a little in the morning: bowels regular.

Ordered Kali Carbonicum and Hepar Sulphuris.

He is well.

792. *Phthisis advancing from the First Stage into the Second.*

Maria Calvert (page 403, 1846), aged 49, married, but not having had any children. She has been ill three weeks, and she has the countenance and the characteristic features present in rapidly progressing Phthisis.

She has a cough, which continues "all day long:" on lying down it is so violent, that she cannot lie: she expectorates a yellowish matter: she has a tightness across her chest: she has much fever: she has a soreness across her bowels: her appetite is good, but she feels as if her food lies at the top of the throat: her bowels are confined: her water is rather thick: her monthly period has stopped the last twelve months.

Ordered Aconite.

She consulted me again, July 29. She has experienced no great change in her symptoms; but now, when sitting up in bed, which she is obliged to do on account of her breathing, she is obliged to lean forward: when she lies on the left side, she has a dragging pain at the right breast.

Ordered Aconite and Hepar Sulphuris in alternation.

August 1.—Her cough is a little better, and she now expectorates a *frothy* phlegm. She can lie down better, and the pain at the right breast is relieved.

To continue the Aconite and Hepar Sulphuris in less doses.

August 4.—From some cause or other, the sputa have become yellowish. She can still lie down: the pain has returned, but it is now a shooting pain. She has a *warm sweat* at night: her bowels were relieved yesterday, and she had a dreadful shooting and burning pain after stool: excessive anxiety of countenance: flushed cheek: her appetite has gone.

Ordered Aconite, 4/12, and Calcarea, 4/12, a globule alternate four hours.

August 5.—Better this morning: she can lie down better: the pain is better: she sweats profusely: still pain severe after stool: but the countenance has now lost its anxiety, and is clear.

To continue Aconite and Calcarea at six hours' interval.

August 10.—Her cough is better: she can lie down better: her appetite is much better: the sensation at the top of the throat is better: her bowels are rather confined: the soreness is better.

Ordered to continue Aconite and Calcarea in doses at much longer intervals. The change was to herself wondrous. The health being so improved, she was enabled to go to Malvern.

The case was as clear a case of the presentation of the phenomena which indicate the rapid development of Phthisis as I remember to have seen, and it will be found to exhibit strikingly the power of Aconite and Calcarea.

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792 *a*. *Phthisis.*

Mr Cooper (page 319, 1846). This patient consulted me Feb. 28, 1846. He had been ill since the previous Good Friday, when he was taken with a cold and a violent cough, which still continues, though less violent. His countenance has the anxious, sharp features, with the clear watery eye, so prevalent in this disease. He has become very thin.

His cough is worse at night, when lying down, though he can lie on either side.

The expectoration is thin, white, frothy phlegm.

The coughing causes him pain about the chest, *i. e.*, it hurts him there.

He sweats mostly about the head.

He was ordered Aconite for the pain, and Calcarea for the sweats and the cough.

March 7.—The cough now had become most troublesome on rising up in the morning: he has pain, and with it tightness.

He has in addition pain in his back, which makes it difficult to stand upright: he cannot lie well on his right side.

He has spat blood every morning but this morning: he feels worse in the evening.

Ordered Aconite and Pulsatilla, and then Calcarea.

March 27.—The patient looks much better: the cough is better: he has expectorated very little blood, which is of a pinky colour: the pains in his limbs have ceased: the tightness is less: the chest is still sore: he is altogether much better.

Ordered Aconite, Pulsatilla, and Calcarea to be continued.

April 13.—His cough is violent at night, but is not quite so bad: his chest seems worse.

Ordered Aconite and Phosphorus, then Aconite and Calcarea.

May 12.—Much better: has slept well: still some soreness at chest.

Continue medicines.

July 20.—Has been improving steadily, but pain at chest came on yesterday, and it hurts him to take a full breath.

Ordered Aconite alone. He has been so much better, that he left off taking medicine.

August 1.—He has still pain at chest, with offensiveness of breath.

Ordered Aconite and Mercurius.

August 7.—He can lie better on right side : his cough has been a little more troublesome.

☛ Ordered Aconite and Phosphorus.

He became so much better as to be able to re-enter business, which he had been obliged to give up.

This patient had passed from the first stage of Phthisis to the second, and in that second he spat blood.

792 *b*. *Phthisis cured.*

Edward Ryman (page 1375, case book 1851), cured of phthisical disease. Sister died of Phthisis.

792 *c*. *Phthisis.*

Mrs M. This patient came under my treatment for Phthisis four years since. She had been expectorating blood for some months. She has been a long time under a surgeon of Saint John Street Road; but getting worse, in fact, being in marked Phthisis, homœopathic aid was sought. She was cured in about four months. The case is the more interesting, because seven of her brothers and sisters have died of consumption.

792 *d*. *Phthisis cured.*

George Smith, who had been treated successfully for *Phthisis*, came back, October 30, 1846, to consult me for another disease.

793. In the *Clinique Homœopathique* 116 cases are recorded of Phthisis cured.

793 *a.* The detail of these cases would enlarge this volume too greatly. The cases are well worthy of the study of the practitioner. They demonstrate that in all countries the homœopathic means have been successful in curing many cases. This destructive malady, and the accordance between the symptoms of the disease and the pathogenetic effects of the remedies, will be found very marked, particularly in some of the cures.

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794. *Case of Phthisis.*

Mrs B. This lady had, previously to coming under the writer's care, been under the care of a most eminent physician of the old school. He had, during the time he treated her, kept her for six months in her room, which he preserved of a regulated temperature. She had profuse bleeding from the lungs, with cough, and the other attendants of Phthisis. When she was a second time attacked, he considered her case as hopeless. The writer had attended her husband for a serious kidney disease, of which he was cured by homœopathic treatment. On this account, the writer was consulted when the lady was seized with the next development of the phthisical condition. She had profuse hæmorrhage from the lungs: cough most distressing: expectoration of mucus and of pus: great tenderness at the chest: could not bear the least pressure at certain parts of the chest. She had night sweats: pulse rapid: in fact, was as ill as possible. She was treated by *China* for the excessive loss of blood, by Arnica, and by Hepar Sulphuris. These were the chief remedies, others being employed as intermediate remedies.

The writer subsequently attended a friend of this lady, with all the symptoms of Phthisis, having been preceded by expectoration of blood.

This patient was much benefited, as was also the lady herself, by the air of Warlingham.

795. *Phthisis cured.*

— Smart (1564, 1850), was cured of Phthisis. The case was stated to be Phthisis by one of the physicians of University Hospital, who treated it before it came under the writer's care.

796. *Phthisis cured.*

Mr Wilkin, aged 19. This patient had the night sweats, the purulent expectoration, the offensive sputa, the rapid pulse, the bent nails, the emaciation; indeed, all the phenomena of the second stage of Phthisis.

He went to Warlingham, underwent homœopathic treatment, and is now, ten years after, in the enjoyment of good health, and prosecuting a large business.

797. *Phthisis cured.*

Mrs Young was in the second stage of Phthisis when she went to Warlingham. She had the chief symptoms of this stage. She was of a decidedly scrofulous diathesis: her family expected her dissolution. Phosphorus was the chief remedy, with occasional doses of Lachesis. She recovered.

Years after, she died of caries of the *os calcis*, showing the scrofulous condition of her constitution.

798. *Discharge from a Vomica, and cure.*

Master Warren. This boy, aged 14, had cough, troublesome hacking: he appeared as if he would be choked at times: he has much wheezing: his voice is shrill and hollow: his breathing is very hurried: his thirst is great: temper irritable: bowels confined. He has profuse sweats, and his feet are cold.

He has become much better in every respect by Sept. 30, 1849.

By the 20th October, his cough became moister, on which day he was sick after coughing, and brought up a quantity of pus. He was quite exhausted after this discharge: he lay down as if almost dead, and after remaining in this posture about an hour, rose up: all the rattling in the chest had ceased, and he became as well as ever.—October 2.

This patient is (1859) well; that is, he has remained free from any attack of his old disease for ten years; indeed, he has married.

799. *A case of Acute Phthisis.*

Janet Nelson (page 723, 1859). This patient was seized, September 1859, with all the symptoms of what the vulgar call galloping consumption. She came under the writer's care, and she was able to visit the writer on October 5, 1859.

As the case is so recent, the writer does not present the particulars; but after the cure has been tested by waiting till next year, he will publish the full particulars in the "Notes of a New Truth."

This patient had lost two sisters, at nearly the same age as herself, by consumption.

800. *A case of Phthisis in Second Stage.*

Miss P., aged 21. This patient's symptoms were—

No. 1. Cough violent.

No. 2. She spits blood occasionally.

No. 3. She has a coppery taste in the mouth before the blood comes.

No. 4. She has painful breathing.

No. 5. She has great oppression of the breathing.

No. 6. She has a tenderness down her back, and at her left side.

No. 7. Pain in the region of the bladder on awaking in the morning, through to the back.

No. 8. She has distress when walking.

No. 9. She faints sometimes, as if she had not sufficient air.

No. 10. She can lie on right side, but not on the left.

No. 11. Her hands burn, and she has much fever.

No. 12. Has a fainting, and is occasionally sick with headache.

No. 13. Her monthly period is generally painful; when at Warlingham, was not.

No. 14. Great flushings occasionally.

No. 15. She has profuse sweats, which she had last spring also, but they were stopped.

No. 16. Great thirst.

No. 17. During the course of the case, she at times had great pain at the left side, through to the back, increased by breathing or speaking.

No. 18. The sinking for food becomes excessive.

No. 19. The face swollen.

No. 20. She suffers from great prostration.

No. 21. The feet and the ankles swelled towards night.

No. 22. She woke up frequently with pain and distress.

No. 23. She has pain at the upper part of her lungs.

No. 24. Pulse rapid.

The chief remedies used during June and July were Phosphorus for the lung disease, Cannabis and Spigelia for the heart symptoms and the state of the water: for the sweats and the pains in the lungs, and the difficulty of breathing, Lachesis and Kali Carbonicum: Sepia for shootings in the belly when attended with constipation; Clematis for shootings not so attended: China for the great exhaustion connected with the expectoration: Calcarea was taken subsequently.

An attack of bronchitis developed itself in July, which Aconite and Hepar Sulphuris subdued.

The cough subsequently assumed an incessant, almost spasmodic character, which Cuprum relieved.

By August 1, the cough was gone.

August 1, 1854.—The monthly period occurred more than it had for two years.

She continued under treatment for a few months: she subsequently married, and she has had two children: she is now, August 1859, several years after she first came under treatment, in the enjoyment of average health. This lady has a brother who is a surgeon in extensive practice, and who declared, before she came under homœopathic treatment, that she could not last many months. This lady, moreover, had a sister, whom the writer happened to see when visiting his patient, and he told his patient to attend to her sister, as she was going into a rapid consumption. The husband, informed of the writer's opinion, consulted Dr L., who pooh-poohed the opinion of the writer, stating that the opinion of the writer was not accurate: however, nature testified to the accuracy, for she died, within a few weeks after, of consumption.

This lady regards the air of Warlingham as intimately connected with her cure.

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801. *A case of Phthisis illustrative of the Curative Power associated with the Causticum Cachexia.*

The following case illustrates the efficacy of Causticum in pulmonary disease:—

Elizabeth Owens (page 1309, casé book 1845), aged 43, married, the mother of three children. She has had one miscarriage. The patient's state is very unfavourable: her countenance is anxious, her features are sunk and lank; indeed, she presents most of the characteristics of the consumptive diathesis.

May 3.—She has at present very severe cough, to which she has been subject each winter for four or five years. Her cough is particularly distressing at night: she has pain at the top of the right lung: her appetite is bad: the tongue is furred, but the food lies easy: she has low spirits, and night perspirations. Ordered Aconite.

May 6.—Her cough is unchanged, and very severe at night on lying down, and on rising in the morning: the expectoration is greenish, and she has great difficulty to expectorate: the night perspirations are lessened, also the pain at the right lung: the appetite and the tongue are better.

As the Aconite did not lessen the cough or the difficulty to expectorate, Causticum was prescribed, 4/2.

May 13.—The cough very much better: the night cough has almost ceased: the expectoration is very trifling, and the sputa are disengaged with ease: the sweats at night have ceased: the tongue improves. Causticum, 4/12, in less doses. The patient was astonished at the improvement in health.

May 30.—She was much better in every respect. She became well.

This case would seem to indicate, that in cases where Phthisis is associated with bladder disease, Causticum has a marked curative agency.

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802. The action of Lycopodium, and the mode under which Hahnemann used Lycopodium, are presented in the following facts, published in the December number of the "Notes of a New Truth," 1859: —

To the Editor of "Notes of a New Truth."

SIR,—I heard a statement this afternoon, which, as it relates to the immortal Hahnemann, will, I know, be interesting to you. It shows how different was his practice to that of most of those who profess to be his disciples. The gentleman who made the statement lives either in or near Manchester. He had been under the orthodox medical treatment for consumption till they could do no more for him, and they therefore ordered him to the south of France to die. But fortunately, or rather providentially, he heard of the fame of Hahnemann in Paris, and determined to consult him. He went to his house accordingly, but found that he could not be seen for at least three days, in consequence of the doctor's engagements: he left his card, and called again at the appointed time. The sage and venerable doctor examined him for an hour and a half, and then told him he must call again to-morrow, before which time he would study the case, and select from his materia medica the most appropriate remedy. On the morrow he came, was subjected to another examination of half an hour's duration, and then was told to take *one pellet* of Lycopodium, of the *thirtieth* potency, and to come again in a fortnight; but in the interval he was to take no medicine. The gentleman, astonished and disappointed, went his way, but determined to wait the issue. He found himself daily improving, and, by the end of the fortnight, he was very much better. He went again to the doctor, and he repeated the dose, and ordered him to wait another fortnight; by the end of which time he was so much better that he asked the doctor if he might not return to his family in England. The permission was granted, on the condition that he would keep up correspondence with Hahnemann until cured. He did so: the doctor continued to treat him with the same minute doses of Lycopodium, and completed the cure with a dose or two of Sulphur; and the gentleman, whose life was condemned more than twenty years ago, is now alive and well, and related this history last week. Would that the modern disciples were worthy of their great master. What would our tincture men say to such a case as this? Believe me most truly yours,

C. H. W.

803. Miss W. H., who came under my care in 1858, for marked Phthisis, derived great benefit from the alternate use of Nitric Acid and Lycopodium. She has fair skin, blue eyes.

She took 1/3 of a globule of Nitric Acid, 12th dilution, in the morning, and 1/10 of a globule of Lycopodium in the evening, for ten days; then waited four days; then repeated the medicines, and waited six days.

804. *Accessory Conditions in Connexion with Phthisis. Intercurrent Phenomena of Phthisis.*

In the intercurrent pneumonia which attends the progress of Phthisis, the power of Homœopathy is strikingly apparent.

In most of these cases Bryonia is specific.

It is often useful, in such suddenly developed affections, to give $\frac{1}{4}$ or $\frac{1}{6}$ of a drop of the third dilution every four or six hours.

805. *Pain at Margin of the Ribs, developed in Phthisis.*

Aconite, 8/12, taken in twelve doses, at four hours' interval, cured in Alfred Durrant (page 530, 1859 book) this pain.

806. *Case of Phthisis cured, attended with Swelling.*

Sarah Cook (page 379). This patient was treated for Phthisis. During its course, a general swelling took place, which was cured by the use in alternation of Arsenicum, 8/12, and Helleborus niger, 8/12, ¾ of a globule every four hours.

807. *Conditions modifying the Probability of Success in the Treatment of Phthisical Diseases.*

Where skin diseases are connected with Phthisis, or are developed in the course of treatment, there is often success. This is illustrated in the following case of Dr Gardner :—

> Case XX. A young lady from Essex, tall, emaciated, with copious night sweats and considerable expectoration, came under my care in June 1856. She had been pronounced hopelessly consumptive. Both lungs exhibited large patches choked up, and ulceration was proved, by examination of the sputa, to be proceeding rapidly. *A single grain of arseniated soda*, with morphia, divided into forty-eight pills, was prescribed, and when taken changed the whole aspect of the symptoms. Followed by hydro-carbons, perfect repose, a liberal, easy-digestive diet, she became towards winter considerably improved. In February she had regained her flesh and strength, and although a slight cough remained, evidently merely bronchial, she deemed herself well, and was only *anxious about a slight skin eruption on her feet.*

Dr Gardner, from this and other cases which he records, evidently tends to the administration of infinitesimal quantities.

808. A fact, which applies to the treatment of almost all disease, presents itself in connexion with Phthisis : it is that, when diseased states are associated with *gastric* affections, cure is most easily obtained. The irritation connected with gastric disease being removable, especially by homœopathic treatment, and

thus a source of irritation being removed, the cure of the diseased state is more easily effected.

809. When the development of Phthisis is associated with kidney disease, more especially when that kidney disease has been produced by excessive drinking, the chances of cure are much diminished. One reason of this want of success is, that kidney disease is so insidious in its approach, that inroads, serious inroads, are made in the constitution before the patient is led to notice. He oftentimes feels weak, but no particular pain: an unwillingness to attend to business, and yet, if urged, can go away to his duty. He goes away into the country again, gets better: again returns, and after a time his health fails. All this while kidney disease is going on; and if he has heart disease, he dies of dropsy at the heart: if he has the phthisical diathesis, he dies of Phthisis.

810. These cases might be multiplied to a great extent; but sufficient have been recorded to show the agency of homœopathic medicines in the treatment of this disease; to establish the exact relationship between the pathogenetic effects of remedies and the symptoms of each form of Phthisis; and further, to give hope that that exactitude will at length be obtained, which will remove the stigma on the medical art of inefficiency in connexion with the treatment of Phthisis.

N.B.—THE AUTHOR WILL BE GLAD TO RECEIVE ANY CASES ILLUSTRATIV OF THE HOMŒOPATHIC TREATMENT OF CASES OF PHTHISIS.

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